**Please complete this form as fully as possible**

**Notifying Area**

|  |  |
| --- | --- |
| Local Authority where child ordinarily resides | Choose an item. |
| Local Authority where incident occurred | Choose an item. |

**Referrer Details**

|  |  |
| --- | --- |
| Date of Referral | Click or tap to enter a date. |
| Nature of Incident  | Choose an item. |
| Date of Incident  | Click or tap to enter a date. |
| Main Type of Abuse | Choose an item. |
| Number of Subject Children |  |
| Referrer Name |  |
| Referrer Organisation |  |
| Referrer Contact Details | *T* | *E*  |

**Case Factors**

|  |
| --- |
| **Select all factors as known at the point of referral** |
| Familial Sexual abuse |  | Child’s emotional health and well-being |  | Young Parent (under 18) |  |
| Sexually Harmful Behaviour |  | Child Suicide  |  | Parental experience of ACEs |  |
| Neglect |  | Pattern of Fixed Term or Permanent Exclusion from Education |  | Parent is care experienced |  |
| Emotional abuse |  | Child Long-standing health condition  |  | Parental mental health |  |
| Physical abuse |  | Pattern of missing from home/care |  | Parental Long-standing health condition |  |
| Child anti-social behaviour or criminal activity |  | Young carer |  | Parental Criminal Activity |  |
| Criminal Exploitation  |  | Trafficking/modern slavery |  | Weapons  |  |
| Sexual Exploitation  |  | Loss/Bereavement |  | Accidental Injury/Poor Supervision  |  |
| Fabricated or Induced Illness/Perplexing Presentation  |  | Resident in Regulated Setting |  | Unsafe sleep environment  |  |
| Abusive Head Trauma  |  | Child Detained under Mental health Act 1983 |  | Domestic abuse |  |
| Child experience of multiple ACEs |  | Persistently Absent from Education |  | Social Media  |  |
| Child’s Liberty Deprived  |  | Regular restraint of Child |  | Extremism and/or Radicalisation |  |
| Alcohol misuse – Child  |  | Alcohol misuse – Parent  |  | Self-harm/Suicide attempts |  |
| Drug misuse – Child  |  | Drug misuse - Parent |  | Parent in Care |  |
| Gender Identity/Gender Dysphoria |  | Other - please detail: |

**Child and Incident**

|  |  |
| --- | --- |
| Child’s Name |  |
| Child known by any other name |  |
| Child’s DOB |  |
| Home address |  |
| Child’s Birth Sex | Choose an item. |
| Child’s Gender Identity | Choose an item. |
| Ethnicity | Choose an item. |
| Religion | Choose an item. |
| Disability/SENDDisability – if yes provide details  | Choose an item. |
| Details of Education Provision |  |
| Pen Picture of the child and family/Child’s Lived Experience (if known) | *Please provide a short description of the child and their life to assist in understanding the lived experience and impact of the event/reason for referral.*  |
| Incident Outline: What is it about this incident that makes it serious and why it meets the criteria for Rapid Review  |  |
| Is there any current or previous social work involvement with this child/children | Choose an item. Provide detail if previous or current  |
| Threshold at time of the incident  | Choose an item. |

**Parent/Carer 1**

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Address |  |
| Relationship to child |  |
| Ethnicity | Choose an item. |
| Disability/SEND | Choose an item. |
| Disability – if yes provide details  |  |

**Parent/Carer 2**

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Address |  |
| Ethnicity | Choose an item. |
| Disability/SEND | Choose an item. |
| Disability – if yes provide details  |  |

**Siblings**

|  |  |
| --- | --- |
| Sibling’s name |  |
| DOB |  |
| Address |  |
| Ethnicity | Choose an item. |
| Disability  | Choose an item. |
| Disability – if yes provide details  |  |
| Level of help provided at time of the incident  | Choose an item. |
| Details of Education Provision |  |

|  |  |
| --- | --- |
| Sibling’s name |  |
| DOB |  |
| Address |  |
| Ethnicity | Choose an item. |
| Disability  | Choose an item. |
| Disability – if yes provide details  |  |
| Level of help provided at time of the incident  | Choose an item. |
| Details of Education Provision |  |

|  |  |
| --- | --- |
| Sibling’s name |  |
| DOB |  |
| Address |  |
| Ethnicity | Choose an item. |
| Disability  | Choose an item. |
| Disability – if yes provide details  |  |
| Level of help provided at time of the incident  | Choose an item. |
| Details of Education Provision |  |

**Other Significant People to the Child (if known)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **DOB** | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Agencies Working With the Child/Children/Family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Service Name and Contact** | **Agency** | **Service Name and Contact** |
| Adult Social Care |  | Midwifery |  |
| Childrens Social Care |  | Police |  |
| Domestic Abuse  |  | Primary School |  |
| Adult Substance Misuse  |  | Probation  |  |
| Childrens Substance Misuse  |  | PRUAlternative Provision |  |
| Early Years |  | School Nurse |  |
| Faith Group |  | Secondary School |  |
| Further Education |  | SEND Education |  |
| GP |  | VoluntaryCommunity  |  |
| Health Visitor |  | Youth Offending Team |  |
| Housing |  | Youth Services |  |
| Adult Mental Health  |  | Other  |
| Child Mental Health |  |

**Management Oversight and Immediate Safeguarding**

|  |  |
| --- | --- |
| Have you discussed the referral with a manager/DSL? | Choose an item.Provide details where appropriate |
| Has the Local Authority reported a serious child safeguarding incident? | Choose an item. |
| Where needed, has action been taken to keep the child or other children safe? | Choose an item.Provide detail of action taken |

**Any other considerations** e.g. media interest, criminal proceedings, other Local Authority involvement, coroners inquest etc.

**For Completion By The Partnership Business Unit**

|  |  |
| --- | --- |
| **Child Reference**  |  |
| **Date referral received by Partnership** |  |
| **Date referral screened by Partnership** |  |
| **Screening Outcome**Partnerships may wish to record their rationale for the decision and/or any further action to be taken  | Choose an item. |

For further information please see:- <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1108887/Child_Safeguarding_Practice_Review_panel_guidance_for_safeguarding_partners.pdf>

or visit the website of the local partnership you are notifying