

WAKEFIELD DIOCESAN REFERRAL FORM
PRIVATE AND CONFIDENTIAL



WHAT TO DO IF YOU ARE WORRIED THAT A CHILD, YOUNG PERSON OR VULNERABLE ADULT IS BEING ABUSED

Referral details

Date and Time of Referral.....
Who was this referral made to?.....
Name and Contact details of Referrer.....

Personal details

Name of Person-----D.O.B. -----

Address----- Contact-----

*Person with Parental responsibility-----

Other members of the family

*School attended

Concern

What is the nature of the concern?

Who raised the concern?

How long has this person had this concern?

Has this concern been expressed to anyone else?

If yes, to whom and what was the response

Are there any other agencies involved with this family and if so, obtain details [if known]

PLEASE TURN OVER THE PAGE

ACTION TAKEN

1. Discussed with Jenny Price, Child Protection and Vulnerable Adults Adviser for the Diocese of Wakefield

2. Referred to Social ServicesDate
Name of person taking the referral.....

3. Agreed action with other agency [note details]

4. Copied to Jenny Price,
.....Date

If you are not sure about how to fill this form in, or how concerned you ought to be about an individual or set of circumstances, please contact Jenny Price on either 01924 371802 or mobile 078 0074 0001 email: jenny.price@wakefield.anglican.org

This form can be downloaded from www.wakefield.anglican.org/safe