

This form should only be used when a child or young person is at risk of significant harm

If you have concerns that a child or young person is at **immediate** risk of harm, please contact the emergency services on 999

Please complete this form as fully as possible. However, do not delay the referral in a situation where this may place the child at further risk of significant harm.

<p>What is the reason for this referral?</p> <ol style="list-style-type: none"> 1. Risk of significant harm to the child 2. Expectation of service 3. Desired outcome 	
<p>How was this risk identified? Include:</p> <ol style="list-style-type: none"> 1. where the incident took place 2. who was involved (if appropriate) 3. time and date of the incident <p>Please describe if child has visible injuries</p>	
<p>Please give details of the steps already taken to make the child/young person safe.</p> <p>Include any contact with emergency services or a social worker.</p>	

Child/ young person/ unborn baby details

<p>Forename(s): For unborn baby insert "UBB"</p>	<p>Date of birth /EDD (DD/MM/YY):</p>
<p>Surname: For unborn baby insert mother's surname</p>	<p>Gender: Male Female Unknown</p>
<p>Current address:</p> <p>Postcode:</p>	<p>Disability: No Yes Please supply details:</p>
<p>Add home address if different:</p> <p>Postcode:</p>	<p>Immigration issues?</p> <p>Asylum seeker: Yes No</p>

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Child's first language: Write N/A if pre-verbal	Religion:
Reference number: (e.g. NHS Number, Unique Pupil Number)	Ethnicity:
Name, address and contact details of GP: Postcode:	Name, address and contact details of health visitor/school nurse: Postcode:
Name of early years setting/ school/ college and contact person:	

Parent/carer details.

Please give names of child's primary carer(s) and their relationship to the child/young person

Full name	Address (if different from the child)	DOB (DD/MM/YY)	Gender	Parental Responsibility
	Postcode: Tel:		M F	Yes No Unknown
	Postcode: Tel:		M F	Yes No Unknown

Do the parent/carer(s) have a disability? No Yes please give details:	First language: Is an interpreter / signer required? Yes No
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Family composition/significant others

Full name	Address, postcode and Tel	DOB if known (DD/MM/YY)	Relationship to child/ren named overleaf	Gender	If a child, are you referring as well?
				M F	Yes No
				M F	Yes No
				M F	Yes No
				M F	Yes No

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				M	Yes
				F	No
				M	Yes
				F	No
				M	Yes
				F	No

Other agencies/services involved with this child/young person/family e.g CAMHs, adult services etc.

Name of professional and organisation	Contact details- Please include address, postcode, Tel, email	Brief description of work undertaken or ongoing support if known.

Has a CAF (Common Assessment Framework) been completed on this child or young person?

No Yes Please give the Lead Professional's name and contact details:

Information sharing

Professionals should share their concerns about children with the family, unless doing so might place children at further risk of significant harm. You will need to make a professional judgement on informing the child or young person of this referral.

Form completed by: (Full name, job title and agency/service)	Who has been informed of this referral?
Date (DD/MM/YY):	
Contact details: (include email address and contact number)	Is there any parent/carer/significant person named on this form who has not been informed of this referral and why?

Please save and send the form to:
Email: protectedreferrals.cs@hertscgcsx.gov.uk
protectedreferrals.cs@hertfordshire.gov.uk

Post: Customer Service Centre, PO Box 153, Stevenage, SG1 2GH

For urgent child protection referral also ring 0300 123 4043

Confidentiality: This form contains personal information. Please ensure secure document storage and safe information sharing.

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