

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

**Child/ young person/ unborn baby details**

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

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

**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@hertfordshire.gov.uk](mailto: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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