



# Safeguarding Referral Form



Name of student:

DOB:

Year Grp:

Any known siblings:

Nature of concern: Physical  Sexual  Emotional  Neglect  FGM  Radicalisation   
Sexual Exploitation/Relationship  Domestic Violence  Bereavement   
Family breakdown  Self-Harm  Drugs

Perceived Level of risk: 1 – High  2 – Medium  3 – Low

Concern recorded by:

Date:

Time:

Dept:

**Please complete as full & factual as possible outlining factors of concern / disclosure & email to: [safeguarding@bulwellacademy.co.uk](mailto:safeguarding@bulwellacademy.co.uk)**

1) What are the concern(s)? ie: *if physical injury please complete body map below*

2) What action has been taken? eg: *has student been spoken with / parents informed / statements taken etc*

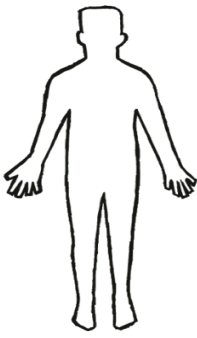
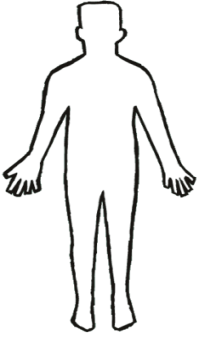
3) Are other students / staff involved?

4) Any background / historical information known / agencies?

4) Where is the student now?

**NB: Permission:**

*If applicable, has the young person disclosing been made aware that any information that highlights a 'Risk of Significant Harm' will have to be forwarded to the relevant agency: YES / NO*

<p><b><u>Injury Details:</u></b></p> <p><b>Front View</b></p> 	<p><b>Back view</b></p> 
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**Designated Safeguarding Lead – Assessment** (office use only)

D.S.L Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Action Taken:**

- No further action  Monitor  Discussion with parent /carers  1-1 with student  CAF/PF Initiated   
 Referral to Children Social Care  Referral to relevant agencies  In house referral  School Nurse

**Outcome:**

Contact Name	Number	Agency

Termly log updated:     UDF updated:     Referrer updated     Running record updated