3/22

***Concern/ Referral Form***

***Section A Details of referrer***

|  |  |
| --- | --- |
| Name of Tutor |  |
| Job Title |  |
| Date of concern |  | Time of concern  |  |
| College Name & Address | UKCB 16-17 Grand Arcade North Finchley London E12 0EH |
| Who Concern has been reported to | *Multi-Agency Safeguarding Hub Barnet Council (MASH)* *Tel: 0208 359 4066* *Out of Hours: 0208 359 2000.* | tick |
| Who Concern has been reported to | *Barnet Council LADO (Allegations against staff)**T*el: 0208 359 4066 Out of Hours: 0208 359 2000 | tick |

***Section B Information about the child(ren) Staff Member***

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Religion |  |
| Disability (if any) |  |
| Address |  |
| Who lives at this address |  |
| Details of siblings |  |
| College attended |  |
| GP name and address |  |

***Section C Details of Referral***

|  |  |
| --- | --- |
| Details of Concern |  |
| Source of Information |  |
| Are family aware of referral? |  |
| Parents / carers response to the concern if aware |  |

*Signature of person taking the referral*……………………………………………………………

*Date*: *Time:*

***Section D to be completed by the designated lead***

*Date and time of referral made to Police / Social Services Department*

*Date: Time:*

|  |  |
| --- | --- |
| Date and time of referral made to police / Social worker |  |
| Name of Social Worker/Manager |  |
| If referral not made, why/ |  |
| General Notes |  |

*Signature of DSL Officer*…………………………………………………………………………

*Date*:  *Time*:

*Signature of DDSL* …………………………………………………………………………………

Date: Time:

***NM: When contacting social services department, you must state clearly that this is a child protection referral. During normal office hours ask for the Duty Officer and outside normal hours ask for the Emergency Duty Team.***

***Referrals should be made by telephone and confirmed in writing within 24hrs.***