

Brave Movement Child Safeguarding Policy

Annex 7(a): Case Reporting and Response Referral Form

Child's name:	Case no:
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Referral details:		
Time:	Date:	
Place		
Referrer's details:		
Name:		
Address:		
Contact telephone no:		
Occupation:		
Relationship to child:		
Child's details (where available)		
Name:		
Age:	Date of birth:	Gender:
Address:		
Household structure:		
School:	Class:	Teacher:
Ethnicity/Tribe:	Language spoken:	
Religion:	Any Disability:	
Identity no:	Status/whose legal responsibility:	

Details of concern: what, who, where, when (including child's words if possible):

Alleged Perpetrator's details (if known):

Name:

Address:

Age:

Date of birth:

Employment details:

Nature of job:

Specify association of the alleged perpetrator to the Brave Movement (e.g., staff member, consultant, volunteer or partner):

Relationship, if any, to child:

Current location of alleged perpetrator:

Current safety of child including location:

Has emergency medical attention been required?

Provided by:

Who else knows? Include contact details.

Agencies:

Family members or other individuals:

Actions taken to date e.g. Referral to police, children’s services, social welfare, other. Give contact details and date and time of action.

Referral taken by (where possible, line manager):

Name:

Position and Location:

Date:

Signature (on hard copy):

Action to be taken

Decision made by Movement Executive Coordinator for immediate action as agreed in Child Safeguarding Policy (Please specify who is to do what and when and give names and contact details of people to be contacted.)

Referral to police (if not, why not?) Yes/No

Referral to Local Authority for child protection /welfare Yes/No

Referral for medical treatment/ to meet health needs Yes/No

Signature of person arranging above action: