**Safeguarding Referral Form**

**If you have immediate concerns about someone’s safety, dial 999 and ask for the Police.**

Please submit completed forms to sally.welch@chch.ox.ac.uk and matthew.dickins@chch.ox.ac.uk.

**The person or people you are concerned about**

|  |  |
| --- | --- |
| *Please advise the child/adult that the details recorded in this form may be shared between agencies including children & adult services* | |
| Name(s) |  |
| Gender |  |
| Age(s) |  |
| If this is a child, has a parent/carer been informed? |  |
| Does the adult or parent (if this is a child) consent to his/her information being shared with other agencies? |  |
| If No, why not? |  |

**Person completing form**

|  |  |
| --- | --- |
| Name |  |
| Cathedral role |  |
| Mobile phone no. |  |
| Email address |  |
| Date |  |

**Person reporting the alleged incident (if different)**

|  |  |
| --- | --- |
| Name |  |
| Cathedral role (if any) |  |
| Parish |  |

**Alleged Perpetrator**

|  |  |
| --- | --- |
| Name |  |
| Gender |  |
| Age / DOB |  |
| Contact details |  |
| Parent /carer details if under 18 (name/ address/ phone number) |  |
| Church role (if any) |  |

**Details about the alleged incident**

|  |  |
| --- | --- |
| Date and time of the alleged incident |  |
| Any witness(es) |  |
| Location of the alleged incident |  |
| Does this concern domestic abuse? Y/N |  |
| Is this a child safeguarding concern? Y/N |  |
| Does this involve a vulnerable adult? |  |
| Please describe the incident |  |
| What may be the impact on the alleged victim? |  |
| What action has already been taken and who has been informed? |  |
| Which statutory agencies, if any, have been informed e.g. police, social care or health? |  |

**Definitions**

*Domestic Abuse*

**Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over**who are or have been intimate partners or family members regardless of gender or sexuality.

*Vulnerable Adults*

Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation