

## **SAFEGUARDING REFERRAL CHECKLIST**

## Report Safeguarding Concerns online <a href="here">here</a> Or by phone on 01942 828777

All referrals to safeguarding are considered, even if some information is missing, but it helps to have as much of the information below as possible to protect people at risk. Referrers can remain anonymous if they prefer.

Checklist	Essential	Desirable
Your Details		
Name	~	
Telephone Number	<b>/</b>	
Email Address	<b>✓</b>	
Organisation	·	
Relationship to the person you are concerned about	<b></b>	
Adult at Risk	•	
Name	<b>~</b>	
Address	<u> </u>	
Contact details	•	
Communication needs		•
Date of Birth	•	
Gender	<b>~</b>	<b>V</b>
GP details	<b>.</b>	
Consent – Remember: Consent can be overridden		<b>V</b>
If the person at risk is aware that you are raising this referral		
If the person at risk has agreed to you raising this referral		
Details relating to why the person at risk didn't agree	<b>~</b>	
(NB: may include that it was not appropriate to speak to the individual)  Details of reason to <b>Override consent</b>	. /	
Capacity of the person at risk to agree to the referral		
Whether the person at risk is being supported	<u> </u>	
Concern		
If the person at risk continues to be at risk	<u> </u>	
Type of abuse	<b>~</b>	
Source of possible risk or abuse	<u> </u>	
Location / setting of risk / incident		
Abuse		
Date and Time of abuse	<u> </u>	
Factual details of the incident	<u> </u>	
The context of why you are concerned		<b>✓</b>
Any other information related to risk		<b>✓</b>
Information from any discussion you have had with the person at risk		<b>✓</b>
Information about other agencies you have spoken to / are involved		<b>✓</b>
Any other referrals that have been made in relation		<b>✓</b>
The potential care and support needs of the person at risk		<b>✓</b>
If the adult at risk is a parent/guardian to any children		<b>✓</b>
If the adult at risk is a carer for another adult		<b>✓</b>
Details of any injuries	<b>✓</b>	
Any <b>actions already taken to safeguard</b> the individual	<b>~</b>	
Any medical intervention required	<b>~</b>	
Were they seen by a <b>GP</b>	<b>~</b>	
Were they taken to hospital	<u> </u>	
Risk Source (alleged)		
Name		<b>~</b>
Address		· /
Date of Birth		<u> </u>
Organisation (if this is a professional)		· ·
If they live with the person at risk		,
If they are a carer for the person at risk		
If they are aware that a safeguarding referral has been made	<u> </u>	
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