**SAFEGUARDING NOTIFICATION AND REFERRAL FORM**

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| **Please complete this form when you want to**: | Tick as appropriate |
| * notify and refer any allegations, concerns or an incident relating to a child or adult safeguarding matter from within your church/circuit to the District Safeguarding Team (DST) |  |
| * Notify the DST of contact from other agencies regarding adults who pose a risk and/or an adult who requires a safeguarding contract. |  |
| **All safeguarding concerns or incidents should be sent to the District Team within 24 hours of receiving the initial information** |  |

Please retain a copy for your records and send the completed form password protected to: [safeguarding@northamptonmethodistdistrict.org.uk](mailto:safeguarding@northamptonmethodistdistrict.org.uk)

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| **Section 1 - Details of the person completing this enquiry/notification/referral** | | | | |
| **Name** |  | | | |
| **Address** |  | | | |
| **Tel no:** |  | **Email:** |  | |
| **Role in the church** |  | | | |
| **Church** |  | **Circuit** | |  |
| **Date of this enquiry/notification** | |  | | |

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| **Section 2 - Case related safeguarding concerns and allegations** | | |
| **Details of child/adult to whom the notification relates** | | |
| **Name** of child/ren/ adult(s) you have concerns about |  | |
| **Address and contact details** of child/adult |  | |
|  | Tel no: | Email: |
| **Date of birth** of child/adult |  | |
| **Church** where alleged incident took place or with which the above person is associated |  | |
| **Circuit** |  | |

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| **Section 3 - Nature of concern or incident that has taken place/is alleged to have taken place.** |
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| **Section 4 - Action that has taken place to date, including details of other Church officers involved or aware of the concerns, and details of agencies and organisations informed.** |
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| **Section 5 - Any additional information which would assist any subsequent enquiries or action which might be required.** (This might include information about the person’s role in the church, information about any previous concerns, details of family and support networks and potential impact of the concern/allegation) |
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| **Section 6 *- To be completed by the District Safeguarding Officer*** | |
| **Outcome and response to the enquiry/consultation with the District Safeguarding Team** | |
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| **Further actions required by whom and by when:** | |
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| **District Safeguarding Officer** |  |
| **Date of response** |  |
| **Date form returned to referrer** |  |