**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)
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| * Notify the DST of contact from other agencies regarding adults who pose a risk and/or an adult who requires a safeguarding contract.
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| **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

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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** |  |