### CHALFONT ST GILES PARISH CHURCH

### Loving People. Transforming Lives. Glorifying God

**If you have immediate concerns about someone’s safety, please contact the police or your local authority Children or Adult Social Care Services.**

**Please complete this form as fully as possible before submission**.

Once completed, please submit this form to Safeguarding Officer, Victoria Neil and it will be reviewed and prioritised according to risk and urgency.

**Do you wish to make this report anonymously (Y/N):**

*Please NOTE, your details will not be shared with anyone (including the person about whom the concern is raised) UNLESS an assessment of risk deems it necessary. This will be discussed with you beforehand, wherever possible.*

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| **Referral Form****Information record relating to concerns of abuse, harm, or neglect.****Parish name:** |
| **Referrer’s details** | ***Person completing form:***Name:Church role:Mobile phone no:Email address:Date:Signature (electronic):***Person reporting the incident (if different)****:*Name:Church Role:Parish: |
| **Details of the person(s) you are concerned about** | ***The following details should be in relation to the person(s) you are concerned about.***Name of person(s):Gender: Age / DOB:Address:Contact details (tel/email):Parent /carer details if under 18 (name / address / phone number):Have any other statutory agencies been informed: Y/N/NK(*Please give details*)(*eg. Police, Social services, CAMHS*)Are there any mental health issues: Yes/No/NK (*please give details*)Are there any physical health issues: Yes/No/NK(*please give details*)Are there any disabilities: Yes/No/NK(*please give details*)Is the above person believed to be at risk of **immediate** harm: Yes/No/NK**If YES, please call 999**Do they know you are raising this concern: Yes/No/NKName, address and date of birth (if known) of anyone you suspect of causing harm, neglect or abuse:Is this person a church officer?What is their role?Any witness(es):Do they know you are raising this concern: Yes/No/NK |
| **Details of your concern (*if unknown please write “NK*”)** | Is the above person believed to be a risk of harm that is not immediate: Yes/No/NK(*please give details*)Date/time of Occurrence/incident of concern:*(think about: how the concern came to light, when, where, who else is aware, impact on the person(s) involved*) |
| **Type of abuse** | *Circle all that apply*Domestic Violence: Y/N/NKChild Protection Concern: Y/N/NKSafeguarding Adults – Abuse/Harm: Y/N/NK |
| **Definitions & Useful Information:** | **Domestic Violence**: ***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* |