**DSO SAFEGUARDING CONCERN FORM**

|  |  |
| --- | --- |
| **District (Referrer):** | **Circuit (Referrer):** |
| **Date incident was reported:** | **Location of incident:** |

**Nature of Concern Referrers Details**

|  |
| --- |
| 1. **Digital Media** 2. **Domestic** 3. **Emotional** 4. **Financial** 5. **Neglect** 6. **Physical** 7. **Psychological** 8. **Self-neglect** 9. **Sexual** 10. **Spiritual** 11. **Other** |

|  |  |
| --- | --- |
| **Name:** |  |
| **Role/Position:** |  |
| **Tel:** |  |
| **E-mail:** |  |
| **Agency:** |  |
| **Address:** |  |
|  |  |
|  |  |
|  |  |
| **Privacy notice given:** | **Yes (Date): No: N/A:** |

**Details of Person Referred**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  | **Postcode:** |
| **Tel:** |  |
| **E-mail:** |  |
| **Child:** | **Age/DOB:** |
| **Adult:** | **Are they a Vulnerable Adult: Yes No:** |
| **District and Circuit:** |  |
| **Role(if applicable):** |  |
| **Membership:** | **Member: Non Member:** |
| **Pastoral Care:** | **Has this been offered: Yes: No:** |
| **Complaints and Discipline:** | **Is there a C&D File: Yes No:** |
| **Ethnicity:** |  |
| **Language and/or Communication needs:** |  |
| **GP:** |  |
| **Privacy notice given:** | **Yes (Date): No: N/A:** |

**Parent/Guardian/Carer**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Tel:** |  |
| **E-mail:** |  |
| **Privacy notice given:** | **Yes (Date): No: N/A:** |
| **Other relevant info:** |  |

**Others living in the household/Significant others**

**Name Relationship Child/Adult Address (if different from person referred)**

|  |  |  |  |
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**Does the person being referred know about the referral: Yes: No:**

**Has the person/parent/guardian/carer given consent: Yes: No:**

**If no to any of the above please explain why briefly:**

**Agencies Involved**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Role** | **Organisation** | **Tel** | **Email** | **Date Contacted** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other agencies contacted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Role** | **Organisation** | **Tel** | **Email** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**If not mentioned above please confirm if any of the following have been contacted:**

|  |  |  |
| --- | --- | --- |
| **Organisation/Team** | **Contacted: Yes/No** | **Date** |
| **Police** |  |  |
| **LADO** |  |  |
| **Social Care** |  |  |
| **Charity Commission** |  |  |
| **Complaints** |  |  |
| **Communications** |  |  |

**Does this need referring to Methodist Insurance: Yes: No:**

**Details of Victim(s) - If there is more than one victim please add details at the end of the referral form**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  | **Postcode:** |
| **Tel:** |  |
| **E-mail:** |  |
| **Child:** | **Age/DOB:** |
| **Adult:** | **Are they a Vulnerable Adult: Yes No:** |
| **District and Circuit:** |  |
| **Role(if applicable):** |  |
| **Membership:** | **Member: Non Member:** |
| **Pastoral Care:** | **Has this been offered: Yes: No:** |
| **Complaints and Discipline:** | **Is there a C&D File: Yes No:** |
| **Ethnicity:** |  |
| **Language and/or Communication needs:** |  |
| **GP:** |  |
| **Privacy notice given:** | **Yes (Date): No: N/A:** |

**Nature of Concern:** (What are you worried about and why? When did this happen and where? Historical information. What are the behaviour/actions that are a concern? Are there any protective factors? Please complete an analysis of risk)

**Assessed level of Risk**

|  |  |  |
| --- | --- | --- |
| **Low** | **Medium** | **High** |

**Person completing this form:**

**Print name: Role:**

**Tel/Email: Date:**