

**Safeguarding referral form**

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| **Your information** |
| Name  |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Name of organisation  |  | Your role |  |

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| **Incident details\*** |
| Date and time of incident |  |
| Please tick one:  | 🞎 | I am reporting my own concerns. | 🞎 | I am responding to concerns raised by someone else – please fill in their details: |
| Name of person raising concern |  | Role within programme |  |
| Contact number(s)  |  |
| Email  |  |
| Details of the incident or concerns (include other relevant information, such as whether you are recording this incident as fact, opinion or hearsay) |

\* Attach a separate sheet if more space is required (e.g. multiple witnesses)

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| **Declaration** |
| Your signature | 🗶 |
| Print name |  |
| Today’s date |  |

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| Contact your organisation’s Designated Safeguarding Officer in line with UCL’s ECF and NPQ reporting procedures |
|  Safeguarding Officer’s name | Liza McCarthy lm@balcarras.gloucs.sch.uk |
| Date reported |  |