



Children & Young People's Services
Child Protection Referral Form
YC419

CONFIDENTIAL

Name..... Place of work..... Tel no.....

Child family name..... Forenames..... D.O.B.....

Parent/Guardian/Carer..... Tel no.....

Addresses:.....

Ethnic origin..... Religion (If known).....

Is this child 'looked after' by the local authority? YES/NO/NOT KNOWN

Does the child have any special education needs? YES/NO/NOT KNOWN

If yes, please specify:.....

G.P. (If known).....

Any known siblings? YES/NO/NOT KNOWN

If yes, please specify names and schools attended.....

Has your line manager been informed? YES/NO

If yes, please state their name Date informed.....

Has your concern or suspicion been referred to the Social Services district duty social worker?

If yes, please state their name

Office and telephone number:.....

Date of discussion:..... Time:

Advice given:.....
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This form should be completed and returned within one working day of the verbal referral to social services. It must be photocopied and distributed confidentially to:

- Social Services duty social worker
- Your line manager
- Departmental nominated child protection officer
(Young People's Division, 4th Floor, County Hall,
West Bridgford, Nottingham, NG2 7QP)
- Entry in Sessional Recordings Book/Incident Book

Please tick boxes to indicate that a copy has been sent

Signature:.....Date:.....

Name of Person who received Disclosure, if different to yourself.....

Organisation:.....

Address:.....
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