Child Protection Referral to Social Work Department

Referrals should be made in the first instance by phone to an Integrated Children's Services Locality Office, but always confirm referrals in writing using this form.

Date & time of telephone referral: / / at : (am / pm)

Are parents aware of the referral? YES / NO

Referred to (name): _____

Designation: _____

Tel Number: _____

Family Details:

Surname(s): _____

Address: _____

School / Nursery / Playgroup / Health centre (if known): _____

GP (if known): _____

Name of child(ren) referred: _____

Age(s) _____

Others in Household:-

Name	DOB	Male / Female	School / Occupation

Summary of concerns (continue overleaf if necessary)

_____

_____

_____

Signed: _____ Print Name: _____ Date: _____

This form should be sent to the Social Worker at the Locality Office who received the referral as soon as possible after the phone call. A copy should be sent to either the Education Department or Health Board Child Protection Adviser.