

Holy Trinity with St John's Penge Safeguarding Referral Form

Guidance notes

If the referral is an emergency, call 999 immediately.

Then inform the Parish Safeguarding Officer or Deputies asap if it relates to people or instances within the church:

Ruth Wright – Parish Safeguarding Officer, 07984 530502

Pete Carter – Deputy Parish Safeguarding Officer, 020 8659 9067

Sue Thomson – Deputy Parish Safeguarding Officer, 07867 671713

Other contact – Rochester Diocesan Safeguarding Team, 01634 560000,

<https://www.rochester.anglican.org/safeguarding>

If urgent, please make a verbal referral to the Parish Safeguarding Officer or Deputies asap. After any referral, you must complete this form and send it to safeguarding@htsj-penge.church within 48 hours. Please do not delay contacting the Parish Safeguarding Team just because you do not have all of the data requested within this form. If you are unable to complete all fields quickly, please provide what you can initially and follow up with the rest as soon as possible, rather than delay the referral.

Even if you think that the disclosure/incident is not of immediate concern, but is a safeguarding concern, please report it asap. This is because it may help professionals build a better picture of what may be happening for the person. In the UK it is a legal requirement for professionals to report safeguarding concerns, and the church as a whole is a part of this. Safeguarding is everyone's responsibility!

'In most child protection cases, parents should be informed that a referral is being made and what the concerns are about the child. However, there are exceptions where this is not appropriate, namely if to inform the parent/carer would:

- Place the child at increased risk of significant harm
- Place a member of staff at risk by the response it may prompt
- Lead to the risk of loss of evidence e.g., someone destroying evidence of a crime, or influencing a child about a disclosure issue' (Bromley Common Assessment Form, 2021)

The term 'person of concern' is used within this form and relates to the person you have a concern about. If there is more than one person, please complete a separate form for each person, unless they are in the same family unit or household. If they are in the same family unit or household, then include them together on this form.

If you have any questions about completing this form, please discuss this with the person you made the referral to.

Please note that information will be kept confidential, and only shared with necessary agencies. Any further action may or may not be shared with you, as appropriate and in keeping within the realms of confidentiality.

Please refer anything else of concern whilst any further actions might be underway, or afterwards, as needed.

Confidentiality - The personal information collected about you and others on this form has been collected for legitimate Safeguarding purposes to help the Diocese/Parish respond accordingly. The information you have provided on this form may be transferred to a relevant authority for legal or other legitimate reasons. For example, to your solicitor, your GP or to a statutory body. The information on this form will be stored securely for a minimum period of three years, following which it will then be securely destroyed. You will be contacted if it is necessary to retain your personal information for a period of more than 3 years.

Please complete this form using block capitals for key data or type all.

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Personal information about the 'person of concern'

Full name: _____

Sex: male/female/non-binary

Date of birth (if under 18 years), or age* if date of birth is not known: _____

First language: _____ Is a translator needed? yes/no

Full address (including postcode): _____

Contact number/s (if over 18 years): _____

Next of kin/emergency contact name: _____

Next of kin/emergency contact number/s: _____

Next of kin/emergency contact's relationship to the 'person of concern' (e.g., mother, brother, friend): _____

Has the next of kin/emergency contact been informed of the incident? Yes/no.

A parent/carers would need to be informed straight away, unless this person is an alleged perpetrator, or 'person of concern' is over age of parental responsibility and has capacity to understand what is happening.

If no, please provide reason for this _____

Home set-up

Please state below who is in the household with the 'person of concern'

Name	If under 18, date of birth (if known) or age *	Relationship to 'person of concern' (e.g., wife, son, sister, father)

* Please estimate age if unknown

Disclosure or incident

Incident details (when the incident happened)	Disclosure details (when the incident was relayed)
Date: _____	Date: _____
Time: _____	Time: _____
Location: _____	Location: _____

Names of others who were present (if applicable). If any have a specific role in the group/situation, please include this beside their name(s): _____

Please include details of what was said and exhibited by/about the 'person of concern' (using their own words), and what you/others said and did. Please include the name and age (if necessary) of other person(s) involved or mentioned in a disclosure/incident, including their relationship with the 'person of concern' and if known, their address.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Any other details you wish to include (e.g., any disability, mental health issue):

Referral information

Is the 'person of concern' aware that a referral has been made? yes/no

If no, please provide reasons for this (e.g., specify why not as it would help to highlight any potential risks for the person if informed and clarify/justify why person could not be informed at the outset.)

Is anyone else aware of this referral (e.g., vicar, group leader, diocese, church leader)? yes/no

If yes, please state their name(s) and role(s):

Date of referral:

Name of person referral was made to:

Designation:

Method of referral (e.g., phone call, in-person). (Please do not email the referral without a conversation taking place first):

Date of write-up:

Your name:

Your contact details (in case further information/action is needed):

Phone: email:

Relationship to 'person of concern' (e.g., Sunday school leader, friend, prayer support):

Are there any safeguarding concerns regarding yourself that need to be noted in relation to this referral and/or 'person of concern'? (e.g., any concerns for your safety) yes/no

If yes, please state below:

Signed:

Thank you for your support in safeguarding matters, your vigilance and referral are very much appreciated.