

Appendix 2: Multi-agency Safeguarding Children Referral Form

This multi-agency assessment and referral form should be used when an agency considers that a child has needs which cannot be met solely by that agency, and where co-ordinated intervention is required to promote, SAFEGUARD AND PROTECT the welfare of the child/children concerned.

Completed by:	Date:.....
Designation & Agency:	Tel. No:
Address of Referrer	Postcode:

Child details					
Names of child(ren)	M/F	DoB	Nursery/School	Ethnicity	Religion
.....
.....
.....

Address:	
.....	Postcode:	Tel No
Current Address if different:		

GP (name & address):	
.....	Postcode:	Tel No.

Reason for Referral to Children’s Social Care (please indicate if previous referrals have been made, at what level of need the child has been assessed at, and attach any relevant information)