# Document 1a: Referral Form Request for a Child Safeguarding Practice Review

Before submitting the referral, please check the criteria in appendix 3 of this form. Once completed, please send this form to: [zoe.gartland@n-somerset.gov.uk](mailto:zoe.gartland@n-somerset.gov.uk)

## Referrer

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Role:** |  | **Tel:** |  |
| **Agency:** |  | **Date submitted:** |  |

## Details of child or young person

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child:** |  | **Date of birth:** |  |
| **Home address:** |  | **Date of death or critical incident:** |  |
| **Carer:** |  | **Location of incident:** |  |

|  |  |  |
| --- | --- | --- |
| **Ethnic origin:** | | |
| 1. **White** | 1. **Mixed** | 1. **Asian or Asian British** |
| ☐ British  ☐ Irish  ☐ Any other White Background | ☐ Asian and White  ☐ Black African and White  ☐ Black Caribbean and White  ☐ Any other mixed background | ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background |
| **(D) Black or Black British** | **(E) Other Ethnic Groups** | **(F) Not Declared** |
| ☐ Caribbean  ☐ African  ☐ Any other Black background | Please specify | ☐ Not Declared |

|  |  |  |  |
| --- | --- | --- | --- |
| **Faith:** |  | **Disability:** |  |

|  |  |
| --- | --- |
| **Child protection plan:** | ☐ Yes ☐ No ☐ Has been ☐ Not known |

## Composition of family and significant others

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to child** | **DoB** | **Address** | **Ethnic origin** |
| **Add rows as needed** |  |  |  |  |

## Rapid Review criteria

Please demonstrate how you believe the criteria for a Rapid Review to be met. The criteria can be found in **Appendix 1.**

|  |  |  |
| --- | --- | --- |
| Criterion | Yes | no |
| Is the child deceased? | ☐ | ☐ |
| Is the child seriously harmed (please describe below)? | ☐ | ☐ |
| Is abuse or neglect known or suspected to be a cause of the death or harm to the child? | ☐ Known | ☐ |
| ☐ Suspected |
| Is there a cause for concern as to the way in which agencies or other relevant persons have worked together to safeguard the child? | ☐ | ☐ |

## Summary of events

Please provide a summary of the events leading to the death or harm caused to the child, making clear why you believe that these circumstances meet the criteria for SCR.

|  |
| --- |
|  |

## Other information

If you are aware of any other agencies involved in the care of this child, please list below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Contact details** | **Are they still involved?** |
| Please add rows as needed |  |  |  |

If you aware of any other processes that this case is currently subject to, ie. Coroner’s inquest, Child Death Overview Panel, criminal proceedings, etc. please list below:

|  |  |
| --- | --- |
| **Process** | **Current status** |
|  |  |
|  |  |