



THE BULWELL ACADEMY

Safeguarding Referral Form



Name of student:

DOB:

Year Group:

Any known siblings:

Nature of concern: Physical Sexual Emotional Neglect FGM Radicalisation

Sexual Exploitation/Relationship Domestic Violence Bereavement

Family breakdown Self-Harm Drugs

Perceived Level of risk: 1 – High 2 – Medium 3 – Low

Concern recorded by:

Date:

Time:

Dept:

Please complete as full & factual as possible outlining factors of concern / disclosure & email to: safeguarding@bulwellacademy.org.uk

1) What are the concern(s)? ie: *if physical injury please complete body map below*

2) What action has been taken? eg: *has student been spoken with / parents informed / statements taken etc*

3) Are other students / staff involved?

4) Any background / historical information known / agencies?

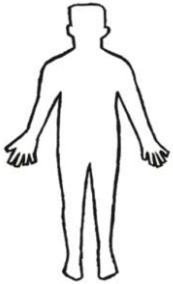
5) Where is the student now?

NB: Permission:

If applicable, has the young person disclosing been made aware that any information that highlights a 'Risk of Significant Harm' will have to be forwarded to the relevant agency: YES / NO

Injury Details

Front View



Back View



Designated Safeguarding Lead – Assessment (OFFICE USE ONLY)

D.S.L Name: _____

Date Received: _____

Action Taken:

No further action Monitor Discussion with parent /carers 1-1 with student

CAF/PF Initiated Referral to Children Social Care Referral to relevant agencies

In house referral School Nurse

Outcome:

Contact Name	Number	Agency