**In order that JIS and you as a member of staff can fulfil our statutory responsibilities, this form must be completed by the member of staff with the concern for the student. Please attempt to complete all the fields on this referral form then submit the completed form, with relevant attachments if necessary, to the Safeguarding Team at** [**https://www.doncasterchildrenstrust.co.uk/worried-about-a-child**](https://www.doncasterchildrenstrust.co.uk/worried-about-a-child) **within 24 hours of a concern arising or call early help on (01302) 734 110.  
If you have urgent concerns regarding a child or young person’s mental health, please call the duty team on (01302) 796 191.  
For urgent safeguarding concerns please call the Duty team, on (01302) 737 777.  
 However, if the student is in immediate danger and/or is suffering or likely to suffer significant harm, please ensure that you have alerted your designated Departmental Safeguarding Representative and/or the Safeguarding Team, in person immediately, in addition to submitting this form. Until a member of the Safeguarding Team has responded to you, it means that your cause for concern hasn't yet been dealt with and you will need to monitor the concern you have regarding the student in the interim, pending further advice and/or action.  In addition, in the interim, if your concern escalates to an immediate response being required, please try to make actual contact with your Departmental Safeguarding Representative.  If they are unavailable, please try to make actual contact with a member of the Central Safeguarding Team. If none of these staff are available you must take appropriate action to safeguard the student, including if it is appropriate to do so, contacting the Emergency Services, the Police or Social Care.**

**Journey DSL - Angela Cousins - 07915 604798**

**Journey Deputy DSL - Samantha Hanlon - 07877968223**

| **Details of Person Completing the Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date |  | | | Name of Person | |  | | | | | | Department | | |  | | | | | | | Contact details | | | | | |  | |
| **Details of the Student who you are concerned about** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name |  | | | | | | | Student Number | | |  | | | | | | Department | | |  | | | | | | | | | |
| Date of Birth | |  | | | Gender | | | M | | | | | | Any Disability and/or specific need | | | | |  | | | | | | Ethnicity | | |  | |
| **The student is: Please tick all that apply:** | 5-11 yrs KS1-KS2 | |  | | 12-18 yrs  KS3-KS4 | x | Looked After Child | |  | Care Leaver | | |  | | | Full-time | |  | | | Part-time |  | | Apprentice (WBL) | |  | | With sub-contractor |  |
| **Details of the Concern** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide details of your concern including details of any incidents including dates, times, people present, anything witnessed, disclosed, suspected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any other children and/or adults at risk?  If yes, give details (ages/names etc) and detail any actions you have taken to address these | | | | | | | | | | | | | | Yes / No / Not Known | | | | | | | | | | | | | | | |
| **If your concern is in relation to alleged, witnessed or suspected abuse and/or neglect or you think the student is at risk of abuse and/or neglect, please provide the following details of the alleged harm/perpetrator information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person(s) alleged to be causing the harm? | | | | |  | | | | | | | | | Previous history of alleged or proven abuse? | | | | | | | | | | | Yes / No / Not known | | | | |
| Relationship to alleged victim | | |  | | | | | Date of Birth | | | | | |  | | | | | | | | | | | Gender | |  | | |
| **Address and Contact Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please detail any action you have agreed with the student and already taken to safeguard and support the student;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreed Action | | | | | | | | | | By Whom | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Named member of staff who will provide ongoing monitoring and support to the student and provide regular updates, as appropriate to the Safeguarding Team** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you discussed your concern with the student? | | | | | Yes / No | | | | | Is the student aware that you are raising a cause for concern with the Safeguarding Team? | | | | | | | | | | | | | Yes / No | | | | | | |
| If no, please state your reasons for not discussing your concern with the student;   * Student lacks mental ability/capacity – explain why? * Student unable to communicate their views – explain why? * Discussion would increase risk of harm – explain why? * Other – explain why? | | | | | No, as this would start further shouting etc. | | | | | If yes, what are their views and what outcomes do they want to address the risks/harm (if any)? | | | | | | | | | | | | |  | | | | | | |
| Has the student consented to this concern being recorded and shared with other agencies and professionals? | | | | | Yes / No | | | | | Is the student currently working with any outside agencies? If yes, please detail **all** agencies including contact details of the worker(s). | | | | | | | | | | | | |  | | | | | | |

**Guidance Notes for Completion of the Student Safeguarding Cause for Concern Form**

**Detail of person completing the form**

The form must be completed by the member of staff with the concern so that there is a first-hand account of the concern including all the relevant information, alongside relevant attachments where appropriate. Please include your department and contact details. If you are a sub-contractor within the centre or you are from an external agency, please include the name of your organisation in the box labelled ‘department’. It is important that you include your contact details so that a member of the Safeguarding Team is able to contact you to follow up your concern. Not to do so, could cause unnecessary delay in safeguarding the student concerned.

**Details of student you are concerned about**

Provide details of the student you are concerned about. It is important that you complete all the boxes in this section so the DSL & Safeguarding Team has as much detail as possible about the student.

Any Disability and/or specific need – if known, provide detail of any disability or specific need including (but not an exhaustive list); learning disability, mental health, mobility problems, personal care, dual impairment, hearing impairment, visual impairment, frailty, substance misuse, memory problems, asylum seeker support, support for social isolation, support to carer, socially isolated, requires support, debts/benefits/money advice. Please include if the student has any communication needs, for example sign language.

The student is - It is important that you tick all the boxes that apply to the student as this will help inform the Safeguarding Team response and if other agencies need to be contacted

Details of any concern

It is of paramount importance that you provide as much detail about your concern including all the information that you have including dates, times etc. Refer to the safeguarding information pack for more detail. But as a minimum and as appropriate to the concern you are sending in, details should include next of kin, perpetrator etc. Failure to do so may cause a delay in the action needed to be taken to safeguard the student and put them at risk of harm

If the concern relates to a historic concern/incident please record what action was taken at the time for example, reported to police, reported to social care

It is important to include the details of any agencies already working with the student and the workers’ details. This ensures a timely and effective response.

Action(s) you have taken

Please include any actions you have undertaken at the time of sending in the CFC so that the safeguarding team know what has been done to date. This will speed up the process and not delay the taking of other actions required. Actions taken may include, but not exclusively:

* Contact with the police
* DASH risk assessment
* Move to alternative accommodation
* Referral to other agency

If no actions have been agreed please state why.

**Actions Agreed**

Actions will be allocated and agreed with the safeguarding team and recorded by the safeguarding team. The department is expected to continually monitor the student and report any new concerns. Updates can be reported via email.

**Consent**

You must record whether the student is aware that you are completing CFC form and referring it into the DSL and what may happen as a result, unless it is unsafe to do so. If this is the case, you must include why you have not made the student aware of your referral.

You must record the student’s wishes and feelings regarding the CFC form and what they want to happen even though they need to be advised that there may be occasions where their wishes and feelings need to be overridden. Reassure them of the need to safeguard them, but that this will be done in a manner that makes safeguarding personal to them.