

Non-urgent referrals: email completed form to
csc_childrens_team@lincolnshire.gov.uk

URGENT referrals: telephone CSC 01522 782111
(out of hours EDT 01522 782333)

GP Safeguarding Referral Form

NAME OF SUBJECT(S)	
Child 1:	
Date of Birth:	
Address:	
Child 2:	
Date of Birth:	
Address:	
Child 3:	
Date of Birth:	
Address:	
Child 4:	
Date of Birth:	
Address:	

DETAILS OF PARENTS / CARERS / HOUSEHOLD MEMBERS	
Parent/ Carer 1:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 2:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 3:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 4:	
Relationship to child(ren):	
Date of Birth:	
Address:	

REFERER DETAILS	
Name:	
Email Address:	
Telephone No:	
GP practice:	

1. What are your safeguarding concerns for the child/ren?

Consider: Behaviour of parent/carer or child that is causing concern, how often it is occurring and how severe it is. When was the first, worst and last time it occurred?

[Click here to enter text.](#)

2. What is your evidence base? Tick all that apply:

- a. Child disclosure ☐
- b. Parent report ☐
- c. Referrer Witnessed ☐
- d. Third hand ☐
- e. Other ☐

Details:

[Click here to enter text.](#)

3. Who or what is making this concern harder to deal with? Tick all that apply:

- a. Poverty ☐
- b. Mental health ☐
- c. Housing ☐
- d. Relationship issues ☐
- e. Substance misuse ☐
- f. Other ☐

Details:

[Click here to enter text.](#)

4. How are those safeguarding concerns affecting the child/ren? (What is the voice of the child or what have you or others observed? How is the parenting affected?).

[Click here to enter text.](#)

5. Who is keeping the child safe and how are they keeping the child safe?

- a. Parents ☐ Name: _____
- b. Family Member ☐ Name: _____
- c. Friend/Neighbour ☐ Name: _____
- d. Involved professional ☐ Name: _____
Role: _____
- e. Other ☐ Name: _____
Role: _____

How are they keeping the child safe?:

[Click here to enter text.](#)

6. What stay safe advice have you provided to the parent and/or child:

[Click here to enter text.](#)

7. If nothing changes, what are you concerned will happen to the child(ren)?

[Click here to enter text.](#)

8. On a scale of 0-10, where 0 is the child is not safe at all and 10 is the child is safe and their needs are being met, what would you score and why?

0-----5-----10

What led you to score as you did?

[Click here to enter text.](#)

Have the parents been notified about your referral? _____

Has the child/young person been notified about your referral? _____