# Appendix 3: Form to Document Case Identified Requiring Escalation for the Purposes of Safeguarding a Child/ren



Please use this form to record cases requiring escalation at Staged Four, under the Nottinghamshire and Nottingham City Safeguarding Children Partnership Escalation Procedures and send a copy to your Safeguarding lead within your organisation and a copy to the safeguarding children partnership.

**STRICTLY CONFIDENTIAL**

**Case Identified Requiring Escalation for the purposes of Safeguarding a Child/ren**

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| **Name of child/ren of concern** | **Date of birth** | **Address** |
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| --- | --- | --- | --- |
| **Name of significant adult/s involved** | **Date of birth** | **Address** | **Relationship to child** |
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| --- | --- | --- | --- |
| **Name of Professionals involved** | **Designation** | **Organisation** | **Contact No** |
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|  |  |  |  |

**Summary of initial concerns identified by practitioner (please embed the original referral form if this form is being used electronically)**

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**Details of the Manager of the partner organisation and outcome of discussions.**

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**Issues resolved? Yes/No**

**If unresolved, record details of subsequent management discussions including agreed actions and timescales should be recorded below (please use a continuation sheet if required)**

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**Final outcome and resolution please summarise below (include date and time)**

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**Signature of staff member completing this form**

**Printed name:**

**Designation:**

A copy of this form should be placed in the records of all relevant children and/or adults

Please send a copy of this form to your safeguarding lead and a copy to the safeguarding children partnership.

Nottingham City: safeguarding.partnerships@nottinghamcity.gov.uk

Nottinghamshire County Council: info.nscp@nottscc.gov.uk