

Wiltshire Council

Inter-Agency Referral Form

Multi Agency Safeguarding Hub (MASH)
 Children's Social Care
 County Hall
 Bythesea Road
 TROWBRIDGE
 BA14 8JN
 Tel. 0300 456 0108 Fax: 01225 713887
 Email. mash@wiltshire.gcsx.gov.uk



Please use this form whenever you are contacting us regarding a child or young person. If you need advice before completing this form please get in touch with the duty officer to discuss further. Please complete this form as far as possible. We may contact you to discuss this notification and we will always provide you with a written response to it.

About you

Date of this Notification		Landline telephone	
Name		Mobile telephone	
Role & Relationship to young person		When available	
Address			
Please given an alternative name of who to contact in case you (the referrer) are unavailable			

About the child

Surname		Main Address	
First Name			
Date of Birth		Current Address if different	
Gender			
Ethnicity			

Landline telephone		Mobile telephone	
Religion		Nationality	
First Language		Disability	
		Communication Needs	

Consent

Does the person with Parental Responsibility (PR) for the Child/Young person know that you are contacting us? Yes No

The person with Parental Responsibility should be informed unless there are clear Child Protection concerns. This department will not accept referrals which do not have parental knowledge unless there are clear risks to the child for not doing so. If you are in any doubt please contact the Duty Social Worker in the Referral Team on 01380 730055 to discuss.

If you have not obtained consent, please explain why

Details of concerns

Please include the following:

- **why** you are contacting us regarding this child/young person
- what are the **risks** to the child/young person
- if so, what type of **harm** the child/young person is suffering or likely to be suffering
- if so, any **disclosures** including who made a disclosure and when
- how in your opinion this **impacts** on the child’s health and/or development
- any previous concerns or relevant background information
- any **action** you have taken to date, when and what outcome
- parents’ **capacity** to meet child’s needs adequately
- other **agencies** intervention with the child/family
- your comments on the **intervention** you believe to be necessary

THIS MUST BE DETAILED AND EVIDENCE BASED

(Continue on a separate sheet if necessary)

Person who is harming or putting this child/young person at risk

Please complete this only if applicable

Name		Address	
Relationship to the child			

**Date of birth **		Telephone	
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Risks

Based on the information provided above, please tell us your opinion of the level of risk to the child.

Low Medium High

Please detail explicitly your reasoning for this: -

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What is the nature of the risk: -

Emotional Sexual Physical Neglect

About the child's parents

	Mother	Father
Name		
Date of birth		
Address		
Telephone		
* Telephone numbers are compulsory*		

About the child's main carer(s)

Please complete this section **only** if the parents are not the main carers of the child

	Main Carer 1	Main Carer 2
Name		
Date of birth		
Address		
Telephone		
* Telephone numbers are compulsory*		

About the child's brothers and sisters and all children to be included in the assessment?

Is this a family issue?

	Sibling 1	Sibling 2
Full name		
Gender		
Date of birth		

	Sibling 1	Sibling 2
Address		
Ethnicity		

(Please continue on a separate sheet if necessary)

Common Assessment Framework

Has a CAF been completed?

Yes No

If you have obtained consent to share the CAF please attach a copy.

If a CAF HAS been completed, what was the outcome?

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If a CAF has NOT been completed – why?

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Any other known professional involvement

Type	Agency, Address, Telephone	Contact Name

Signature

Date
