

SACU CHILD PROTECTION REFERRAL FORM

- Remember to maintain confidentiality. Do not discuss this incident with anyone other than those who need to know in order to protect the child.
- Complete the blue boxes on the form in clear handwriting, NOT on a computer

Your Name	
Your Position	
Child's Name:	
Child's Address:	
Parent's/Carer's Names and Address	
Child's Date of Birth (if known)	
Date and time of alleged incident	
Your observations	
Record exactly what the child said in their own words and any questions you asked if the situation needed clarified. Remember: Do not lead the child – record actual details. <i>Continue on separate sheet if necessary.</i>	
Action taken	
External agencies contacted (date and time)	
Police contacted?	Yes / No * * Delete as appropriate
If yes, please confirm name of Police Officer and phone number	
Details of advice Received	

Social Work contacted?	Yes / No * * Delete as appropriate
If yes, please confirm name of Social Worker and phone number	
Details of advice Received	
Other Organization?	Yes / No * * Delete as appropriate
If yes, please confirm name of contact, Organization & number	
Details of advice Received	
Signature: Print name: Date:	

NB: A copy of this form should be sent to the SACU Child Protection Officer for further actions if necessary.