



St Leonard's Church  
chesham bois

# Safeguarding Referral Form

If you have immediate concerns about someone's safety, dial 999 and ask for the Police.

Please submit completed forms to [denise@stleonardscb.org.uk](mailto:denise@stleonardscb.org.uk) - should your concern relate to Denise, please send to the Diocese of Oxford on [safeguardingreferrals@oxford.anglican.org](mailto:safeguardingreferrals@oxford.anglican.org).

## The person or people you are concerned about

*Please advise the child/adult that the details recorded in this form may be shared between agencies including children's and adult services*

|                                                                                                                |                                                                                       |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Name(s)                                                                                                        |                                                                                       |
| Gender                                                                                                         |                                                                                       |
| Age(s)                                                                                                         |                                                                                       |
| If this is a child, has a parent/carers been informed?                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a |
| Does the adult or parent (if this is a child) consent to his/her information being shared with other agencies? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a |
| If no, why not?                                                                                                |                                                                                       |

## The person completing the form

|                          |  |
|--------------------------|--|
| Name                     |  |
| Role within St Leonard's |  |
| Mobile Number            |  |
| Email Address            |  |
| Date                     |  |

## The person reporting the alleged incident (if different)

|                                   |  |
|-----------------------------------|--|
| Name                              |  |
| Role within St Leonard's (if any) |  |

## The alleged perpetrator

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| Name                                                                     |  |
| Gender                                                                   |  |
| Age or DOB                                                               |  |
| Contact Details                                                          |  |
| If under 18: Parent / Carer details<br>( <i>name / address / phone</i> ) |  |
| Role within St Leonard's (if any)                                        |  |

## Details about the alleged incident

|                                       |                                                          |
|---------------------------------------|----------------------------------------------------------|
| Date and time of the alleged incident |                                                          |
| Any witness(es)                       |                                                          |
| Location of the alleged incident      |                                                          |
| Does this concern domestic abuse?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a child safeguarding concern? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this involve a vulnerable adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| Please describe the incident                                                             |  |
| What may be the impact on the alleged victim?                                            |  |
| What action has already been taken and who has been informed?                            |  |
| Which statutory agencies, if any, have been informed e.g. police, social care or health? |  |

## Definitions

### *Domestic Abuse*

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

### *Vulnerable Adults*

Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.