

This template is to be used as an exemplar only.

Please do not use to report concerns.

Cumbria Safeguarding Hub Single Contact Form

Contact reference: [Click here to enter text.](#)

Referrer details:

Forename(s): [Click here to enter text.](#)

Surname: [Click here to enter text.](#)

Job title: [Click here to enter text.](#)

Agency/Service: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Contact telephone number: [Click here to enter text.](#)

Involvement with child/family: [Click here to enter text.](#)

Consent:

Parental consent given? [Click here to enter text.](#)

If "No", have the child/children suffered or likely to suffer significant harm? [Click here to enter text.](#)

If not at risk of serious harm, why parental consent has not been sought. [Click here to enter text.](#)

Is this a follow-up from a telephone referral? [Click here to enter text.](#)

Child / young person / unborn baby details:

Forename(s): Click here to enter text.
(For unborn baby: "UBB")

Surname: Click here to enter text.
(For unborn baby: mother's surname or any previous names)

Date of Birth/ Estimated Date of Delivery: Click here to enter text.

Gender: Click here to enter text.

Legal Status: Click here to enter text.

Primary Address: Click here to enter text.

Current Address: Click here to enter text.

Disability: Click here to enter text.

Click here to enter text.

Immigration Issues? Asylum seeker: Click here to enter text.

Click here to enter text.

Child's first language: Click here to enter text.
(“N/A” if preverbal)

NHS Number: Click here to enter text.

Unique Pupil Number: Click here to enter text.

Interpreter required: Click here to enter text.

Signer required: Click here to enter text.

Religion: Click here to enter text.

Ethnicity: Click here to enter text.

Name, address and contact details of GP: Click here to enter text.

Name, address and contact details of Health Visitor/School Nurse: Click here to enter text.

Name of Early Years Setting/School/College and Contact Person: Click here to enter text.

Parent(s)/carer details:

Full Name

Date of Birth

Address

(if different from the child)

Telephone

Gender

Parental responsibility

Family composition / significant others

Full Name

Date of Birth

Address

Telephone

Gender

Relationship to child/children named previously

Is this a child that is also being referred?

What is the reason for this contact?

What are the concerns?

Click here to enter text.

Expectation of response:

Click here to enter text.

Desired outcome:

Click here to enter text.

What is the seriousness of these concerns?

Analysis of risk:

Please explain the level of risk and impact on the child/children including the risk score from the risk assessment tool (if applicable):

[Click here to enter text.](#)

Actions and Outcomes

Details of any previous actions taken and associated outcomes

How have the current concerns with the child and family been addressed

[Click here to enter text.](#)

Other Agencies / Services

Name of professional and organisation	Contact details	Brief description of work undertaken or ongoing support (if known)
Has an Early Help Assessment been completed on this child or young person?	Click here to enter text.	
	Click here to enter text.	
