

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.](#)

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### 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.](#)

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### 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.](#)

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

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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.

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Parent(s)/carer details:

**Full Name**

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**Date of Birth**

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**Address**

(if different from the child)

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**Telephone**

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**Gender**

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**Parental responsibility**

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Family composition / significant others

**Full Name**

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**Date of Birth**

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**Address**

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**Telephone**

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**Gender**

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**Relationship to child/children named previously**

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**Is this a child that is also being referred?**

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What is the reason for this contact?

**What are the concerns?**

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Click here to enter text.

**Expectation of response:**

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Click here to enter text.

**Desired outcome:**

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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):

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[Click here to enter text.](#)

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## Actions and Outcomes

### **Details of any previous actions taken and associated outcomes**

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

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[Click here to enter text.](#)

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## Other Agencies / Services

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

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