Nottingham and Derby District Safeguarding **SAFEGUARDING CONCERN REFERRAL FORM: complete and email to the District Safeguarding Officer at districtsafeguarding@methodist-nd.org.uk**	
Name and contact details of child / young person / vulnerable adult subject of concern / at risk:	
Name and contact details of parent / guardian / carer of above named:	
Name and contact details of worker / member /attendee causing concern:	
Name and contact details of parent / guardian / carer of above named:	
Position and church of person causing concern:	
Nature of concern: (The allegation / behaviour / risk that is causing concern): **(Names of principal parties are essential. If you have not done so make a factual written record of your observations and any conversations - sign and date it)**	
Who have you spoken to about your concerns?	
Child / young person / vulnerable adult subject of concern / at risk:	**Yes / No**
Group Leader **Name:** **Contact Tel No.** **Name of Group:** **Church:** **Circuit:**	**Yes / No**
Adult/Children's Services	**Yes / No**
Police	**Yes / No**
Probation	**Yes / No**
Name / position / contact details of persons contacted:	
Initial report compiled by: **Signature:** **Date and time:**	
Name & contact details of person taking action:	
Privacy notice given to referrer/complainant?	Yes/no