**Appendix C4.13**

## DSW Lead Welfare Officer/DSW Safeguarding Panel Referral Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of meeting: | ................................................................................................................................... | | | |
|  | | | | |
| Names of those in attendance: | | | ........................................................................................................... | |
|  | | | | |
| Name of individual Panel meeting relates to: | | | | .................................................................................... |
|  | | | | |
| Overview of context: | | ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................ | | |
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| Key points relating to discussion panel had: | | ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................ | | |
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| Recommendations made by the panel: | | ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................  ............................................................................................................................ | | |
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| **Other contacts with external bodies (e.g. police, social services)** | | | | |
| Name: | ................................................................................................................................... | | | |
| Organisation: | ................................................................................................................................... | | | |
| Contact details: | ................................................................................................................................... | | | |
|  | | | | |
| Name: | ................................................................................................................................... | | | |
| Organisation: | ................................................................................................................................... | | | |
| Contact details: | ................................................................................................................................... | | | |
|  | | | | |
| Name: | ................................................................................................................................... | | | |
| Organisation: | ................................................................................................................................... | | | |
| Contact details: | ................................................................................................................................... | | | |