**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: | ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
|  |
| Key points relating to discussion panel had: | ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
|  |
| Recommendations made by the panel: | ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
|  |
| **Other contacts with external bodies (e.g. police, social services)** |
| Name: | ................................................................................................................................... |
| Organisation: | ................................................................................................................................... |
| Contact details: | ................................................................................................................................... |
|  |
| Name: | ................................................................................................................................... |
| Organisation: | ................................................................................................................................... |
| Contact details: | ................................................................................................................................... |
|  |
| Name: | ................................................................................................................................... |
| Organisation: | ................................................................................................................................... |
| Contact details: | ................................................................................................................................... |