**Adult at risk referral**

**Please complete as much of this form as possible, including essential information, before contacting the Safeguarding team.**

If you don’t have all the information, please do send this form and then follow up with additional information as soon as you get it.

|  |
| --- |
| **Referral to the Safeguarding team**  If you wish to discuss your referral with a member of the team or for advice or guidance please contact the Safeguarding Team on:   * 020 8433 7164 (9:00am to 5:00pm) * 0345 300 1818 (out of hours – for emergencies only) * [**safeguarding@scouts.org.uk**](mailto:safeguarding@scouts.org.uk) |

Once the referral has been completed, please email it to [**safeguarding@scouts.org.uk**](mailto:safeguarding@scouts.org.uk)

or send to: **The Scouts’ Safeguarding Team**

Gilwell Park

Chingford

London

E4 7QW

**GDPR note for Commissioners:**

We take personal data privacy seriously and we have a duty of care around the information contained within this form. The data shared in this form is to be securely stored (in secure online storage and/or as paper-based records in locked cabinets). Where the data is no longer required it should be securely destroyed. For further detail, please visit our Data protection policy [here](https://www.scouts.org.uk/DPPolicy)**.**

**Your details**

|  |  |
| --- | --- |
| Your name |  |
| Your role in Scouts/relationship to the adult at risk |  |
| Your telephone number |  |
| Your email |  |

|  |  |
| --- | --- |
| Date the incident happened |  |
| Date you were notified of this incident |  |

**Information about person being referred – Adult at risk**

**Please note:** when sending this form, please include all essential information marked in red

|  |  |
| --- | --- |
| **Their name** |  |
| **Their date of birth** |  |
| Their membership number |  |
| Do they have any Special Educational Needs or disabilities? |  |
| **Their home address** |  |
| Their Group/District/Area/County/Scottish Region |  |
| Their membership number |  |
| Their role in Scouts |  |
| Their Group/District/Area/County/Scottish Region |  |
| Their occupation |  |
| Do they hold any other voluntary/paid positions with other organisations? |  |
| When do you expect the adult to next attend or be involved in any Scout activity? |  |
| Do they have any children? |  |
| Are they in any form of education? |  |
| **Parent/carer’s full names (where appropriate)**  **Telephone number:** |  |
| Does the adult have other family members involved in Scouts? If so, please provide their role details. |  |
| **Is the adult aware that this has been reported to the Safeguarding team?** |  |

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| --- |
| **Details of the incident and/or concern** |
| **What has happened so far, if anything?** |
| **Are you aware if there have been previous concerns about the person being referred?** |
| **Any other information** |

**Thank you for taking the time to complete and return this form.**