**CONFIDENTIAL**

**NOTIFICATION OF POTENTIAL CHILD OR ADULT ABUSE OR NEGLECT**

**To be completed by the referring practitioner**

This form notifies the appropriate person at the Regional Team/Health Board and/or at the Child Safeguarding Team of suspected abuse.

**SUSPECTED VICTIM**

Name: Address:

Gender:

Date of Birth:

Name of Person with parental responsibility/Carer/Next of Kin

Relationship Other identifiers:

**SUSPECTED PERPETRATOR (if known)**

Name: Address:

Age if under 18: Relationship if known: Other:

**FORM OF SUSPECTED ABUSE OR NEGLECT**

**(Include body map – Annex 7 - to indicate body positions or marks where relevant.)**

**WHETHER SUSPECTED VICTIM/PARENT/CARER AGREED TO OR HAS BEEN INFORMED OF THE REFERRAL**

**Yes/No**

**DISCLOSURE AGREEMENT (with Recipient of Referral about what patient and suspected perpetrators will be told, by whom and when)**

**Declaration:**

I wish to make this notification in line with the disclosure agreement above unless

* I have been further approached and have specifically given my permission in writing in advance for the release of my details, or
* the release of my details is ordered by a UK court.

**MEANS OF TRANSMISSION:**

Telephone

Secure Fax

 Secure email

Registered Letter

This is a first referral/follow-up confirmation Signature.....................................................................................................................................

Print Name..................................................................................................................................

Position………………………………………………………………………………………………………………………………….

Date............................................................................................................................................