



Registered Charity No. 1094571
Willow Road, Darlington DL3 6PZ

INITIAL INFORMATION RECORD and REFERRAL FORM

This form must be completed immediately and delivered to the designated Willow Road Community Centre Management Committee member nominated for Child and Vulnerable Adult Protection purposes.

PART 1:

To be completed by the person who has a concern or to whom the disclosure is made.

Details of Young Person/Vulnerable Adult:

Family Name..... Address.....
Forename.....
Date of Birth.....
Gender..... Post code.....
Tel No.....

Family Information:

Parents..... Siblings.....

Record of Concern/Disclosure

Date..... Time..... Where disclosure made

Nature of the concern/disclosure:
.....
.....

Description of any injuries observed:
.....
.....

Signed (reporting person)..... User group of WRCC.....
Date..... Time..... Contact No.
email

Please hand this form, with additional sheets if used, in a sealed envelope, in person, to one of the nominated Child and Vulnerable Adult Protection WRCC Management Committee members (Diane Evans or Heather Young)

PART 2

(to be completed by the WRCC Management Committee nominated Child and Vulnerable Adult Protection Person(s)).

If you require advice regarding referral please contact Darlington Social Services Tel: 01325 346200

Referred

Yes/No

Reason

Signed.....Date..... Time.....

If the decision has been made to refer to Social Services or the Police please use the following contact tel. nos: Social Services 01325 346200 or Police – Vulnerability Unit 01325 742109

Following telephone contact please pass a copy of this form to the relevant referral organisation.

For referrals concerning those under 18: The Duty Officer-Child & Family
For referrals concerning those over 18: The Duty Officer-Adults
Social Services
Central House
Gladstone Street
Darlington
DL3 6JX

If no referral has taken place the form will be retained by the WRCC Child and Vulnerable Adult Protection Person(s).