**St Monica’s Catholic Primary School**



Safeguarding and child protection referral form

**Provide an overview of the incident.**

**Please identify area of concern:**

Emotional □ Visible injuries□ Withdrawn □

Soiled clothing □ Self-harming □ Change or loss of appetite □

Volatile outburst □ Inappropriate behaviour □ General hygiene □

Attendance □ Incontinence □ Other………………………………………

**Details of the event**

Name of person referring the child:

Name of the person referring the incident:

The date the incident occurred:

The date the incident was reported:

Which steps have already been taken?

**Details of the child**

Name of child:

Date of birth:

Year: