**\*\*Safeguard Alert\*\***

**PROFORMA TO BE COMPLETED BY MIDWIFE OR SOCIAL WORKER FOR THE DISSEMINATION OF INFORMATION TO ALERT MATERNITY SERVICES OR OTHERS OF CLIENT DETAILS**

**Date:**

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| **Name of the individual concerned****NHS No** |

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| **Last known address:**  |

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|  **Date of birth:**  |  |

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|  **EDD (if appropriate):**  |

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| **Brief indication of the concern (e.g. welfare of mother or baby, missing person):**  |

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**Social Worker:** **Safeguarding Midwife**: **Please contact the above telephone numbers for further information if this person attends your unit.**  |
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| **What distribution are you recommending?**  |

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| **Internal** | Yes |
| **Bordering units** | Yes |
| **Ambulance Service** | Yes |
| **Regional** | Yes |
| **National** | Yes |

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