**\*\*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** | | |  | | --- | | **Last known address:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Date of birth:** |  | | |  | | --- | | **EDD (if appropriate):** | |

|  |  |
| --- | --- |
| |  | | --- | | **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.** |
| |  | | --- | | **What distribution are you recommending?** |  |  |  | | --- | --- | | **Internal** | Yes | | **Bordering units** | Yes | | **Ambulance Service** | Yes | | **Regional** | Yes | | **National** | Yes | |