# 

ESCALATION OF A SAFEGUARDING CONCERN TO THE SURREY SAFEGUARDING CHILDREN PARTNERSHIP – STANDARD FORM

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| **Name of Child / Children:** | **Date of Birth:** | **Date of referral** | **Date of escalation** |
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| **Name of Professional (with which there is a concern):** | **Agency (with which there is a concern):** |
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| **Brief description of nature of concern:** |
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| **Outcomes sought:** |
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**Name of Referrer: ………………………………………………………………………………………………**

**Agency / Department: …………………………………………………………………………………………**

**Telephone number: …………………………… Email: …………………………………………………...**

**Signature: …………..…………………………... Date: ……………………………………………….**