### Text  Description automatically generated

**STRICTLY CONFIDENTIAL**

## ALLEGATIONS OR CONCERN ABOUT A PERSON WORKING WITH

**CHILDREN**

This form has been designed to help all agencies working with children record and refer information when it has been alleged that a person who works with children has:

* Behaved in a way that has harmed a child or may have harmed a child.
* Possibly committed a criminal offence against or related to a child; or
* Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children

If the child is at immediate risk of harm, do not use this form and instead contact the emergency services on 999 and/or the Children and Families Hub on 01534 519000

If this referral relates to a staff or volunteer member who only works with adults, please refer to the adult guidance

Please send the completed form to jdo@health.gov.je

**About you (the person making the referral).** If you do not provide your details, we will be unable to respond and process this referral

|  |  |
| --- | --- |
| **Your full name (referrer)** |  |
| **Your phone number** |  |
| **Your email address** (if you are a professional, please use your workemail address) |  |
| **Name and address of your workplace** |  |
| **Your role** |  |
| **What is your relationship to the adult that the allegation is about?** |  |

**About the child (ren)**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Legal status** |  |
| **Ethnicity** |  |
| **Does the child have a Social Worker?** |  |
| **Relationship to the adult whom the allegation is about** |  |
| **Parents names** |  |

**About the adult involved. Please provide as much information about the adult as you can.**

|  |  |
| --- | --- |
| **Full name** |  |
| **Date of birth** |  |
| **Full Home address** |  |
| **Ethnicity** |  |
| **Job role** |  |
| **Agency or Department** |  |

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| --- |
| **Details of the allegation (to include name of professional reporting if not you, date, time, detail of allegation and other professional (s) involved)** |
|  |

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| --- |
| **Does the professional have their own children / grandchildren? Please give details below.** |
| **Name** | **Date of Birth** | **Does the child live with the adult? Do they have contact?** |
|  |  |  |
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| **Does the professional work with children or adults at risk in any other capacity?** |
| **Agency** | **Role** | **Contact details** |
|  |  |  |

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| --- | --- |
| **Do you believe that the individual concerned poses a current risk of significant harm to children and young people in your organisation? *(Please provide rationale for your yes / no answer)*** |  |

|  |  |
| --- | --- |
| **Form completed by:** |  |
| **Date:** |  |