**BSCP CASE REVIEW REFERRAL FORM**

BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP

**Bromley Civic Centre, Stockwell Close, Bromley, Kent, BR1 3UH**

**Completed Form should be sent to BSCB Office at** [**bscp@bromley.gov.uk**](mailto:bscp@bromley.gov.uk)**.**

**BSCP CASE REVIEW REFERRAL FORM**

***There is an expectation that this referral has been agreed and evidenced within your agency and that it is likely to meet the SPR criteria or is sufficiently a serious incident to meet the criteria for a BSCP Multi-Agency Review.***

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| **Date of Referral:** |
| **Name of Referrer:** |
| **Referrer Agency:** |
| **Job Title:** |
| **Address/Email Address:**  **Telephone Number:** |
| **Name of notified BSCPBoard Member:** |

|  |  |
| --- | --- |
| Case for consideration as: | |
| **Safeguarding Practice Review** | Yes/No |
| **Multi-Agency Learning Review** | Yes/No |
|  |  |
| **Date of death (if applicable)** |  |

|  |
| --- |
| **First name and Surname DOB**  **Parents:**  **Children:**  **Family Address:** |
| **Child’s Ethnicity:**  **Any Disability?**  **Child currently subject to CP Plan (please state reason)?**  **Child previously subject to CP Plan (please state reason)?**  **Legal Status of child?**  **Agencies believed to be involved** |
| **Please provide details of the incident:** |
| **Please indicate why you feel this meets the criteria for a Safeguarding Practice Review/ Multi-agency Learning Review:** |
| **What supporting information have you attached to this referral? Please attach chronology.** |

**Signed…………………………………………….. Date…………………….**

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