

CHILD PROTECTION REFERRAL CPR 1

To be completed and sent to the Team Leader Children and Families, Social Work Department, Comhairle nan Eilean Siar where there is concern of a child being, or at risk of being, abused and / or neglected. A copy should, at the same time, be sent to the Senior Nurse Child Protection.

Completion of this form must be preceded by a telephone call to the Team Leader (Social Work) if there is immediate cause for concern.

Name(s) of child(ren)	D.O.B.	Address
Nature of referral/description of circumstances		
<p>GP:</p> <p>Other services / agencies involved:</p>		

Submitted by:	Date:
Designation:	
Agency:	