**Rapid Review Referral Form**

To be completed and securely sent to [THSCP@towerhamlets.gov.uk](mailto:THSCP@towerhamlets.gov.uk)

Please ensure that you have read and understood the THSCP Rapid Review Panel Protocol. Ensure the referral is made as soon as possible if you need any information, guidance, or advice email. [THSCP@Towerhamlets.gov.uk](mailto:THSCP@Towerhamlets.gov.uk)

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| **NOTIFIER DETAILS** |  |  |  |
| **Referrer’s Name** |  | **Referrer’s Role** |  |
| **Referrer’s Agency** |  | **Contact details:**  **Telephone**  **Email address** |  |
| **Date of Notification** |  | **Linked Cases** |  |

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| **CHILD/FAMILY DETAILS** | **RESPONSES** |
| **Child’s Last Name/s** |  |
| **Child’s Forename/s** |  |
| **Other Names Used:** |  |
| **Child’s Home Address** |  |
| **Child’s NHS number** |  |
| **Child’s DOB** |  |
| **Child’s DOD** |  |
| **Child’s Age** |  |
| **Child’s Ethnicty and Cultural Background** |  |
| **Child’s Gender** |  |
| **Mother’s Name** |  |
| **Mother’s DOB** |  |
| **Mother’s Address** |  |
| **Mother’s Ethnicity and Cultural Background** |  |
| **Father’s Name** |  |
| **Father’s DOB** |  |
| **Father’s Address** |  |
| **Father’s Ethnicity and Cultural Background** |  |
| **Sibling’s Name(s)** |  |
| **Siblings DOB(s)** |  |
| **Other Adults immediately related to the child/ Living at the address – Name, DOB, Ethnicity.** |  |
| **GP name, address, and contact details:** |  |
| **School/Nursery name, address and contact details:** |  |

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| **REASONS FOR REQUESTING A REVIEW/REFERRAL:** | **RESPONSES** |
| Meets DfE Serious Incident Notification Criteria? | YES/NO (Delete as Appropriate) |
| Fits Child Safeguarding Practice Review (CSPR) criteria:  [BOTH criteria need to be reached to meet criteria –Working Together 2018 Guidance]  **Abuse or neglect of a child is known or suspected and the child has died or been seriously harmed** | YES/NO (Delete as Appropriate) |
| Does Not Meet CSPR Criteria but provides an opportunity for learning lessons for future Multi-Agency work | YES/NO (Delete as Appropriate) |
| **REASON FOR REFERRAL INCLUDING CASE OUTLINE**  Please include any critical incident, status of child i.e. Subject of a Child Protection Plan, Looked After child, disability, etc. |  |
| **PARTICULAR CONSIDERATIONS**  Please specify any considerations for this case, for example; Is there media interest? Are there criminal proceedings? Is the case linked to a complex abuse case? |  |