

Safeguarding Referral Form

INTRODUCTION MESSAGE FROM THE RT REVD DR ROBERT INNES, BISHOP OF GIBRALTAR IN EUROPE

Our Diocese first issued a formal policy on Safeguarding in 2012. We produced a major update to the policy in 2015, which brought us up to date with the best advice available at that time. But safeguarding knowledge and practice continues to develop. And we have been able to learn from the practical experience of applying our own protocol across our Chaplaincies. So I am now pleased that we are able to set out policy and practice which is consistent with revised Church of England guidelines as at 2019 in a form that is accessible and easier to use.

The requirements set out in this document, together with the linked guidance, are based on current best practice across the Church of England. The requirements are there to help make sure our churches and communities are safe spaces and safe places.

I am well aware that the priority given to safeguarding matters varies from one country to another. But that is not an excuse for doing safeguarding less well where custom and practice is less rigorous or sensitivity less heightened. For me, safeguarding is a theological priority that is integral to the mission of the church. It is an area where the church should lead and not just follow.

Diocesan safeguarding operates with proper care for personal data in line with the EU's GDPR legislation*. If your chaplaincy is in a territory outside the scope of GDPR where safeguarding data transfer is problematic, then you must seek specific guidance from the Diocesan Safeguarding Advisor. Operating in countries with different legal frameworks is not a reason for departure from the principle of doing safeguarding well.

Safeguarding continues to be a top priority for me – and I expect this to be the case across our Diocese. We have a duty before our Lord to enable the church to be a safe and secure place for all vulnerable groups. This document sets the standards and guidelines to which are all required to work.

Thank you for your co-operation and commitment to working with me in making our diocese a safe space.

Robert Gibraltar in Europe DIOCESAN BISHOP

When completing this form, any section you cannot complete should not delay you submitting your concern to the DST

Date (DD/MM/YYYY) Time:

01		
Person making	Surname	
the referral	Name/s	
	Chaplaincy and country	
	Mobile telephone no.	
	Address (house number, street name, town)	
	Country	Postcode

Are you the victim / survivor?					Yes	No
Method of refer	ral:	Telephone	Email	Other:		
Is the victim / s	urvivor aware	of the referra	al?		Yes	No
Is the victim / survivor in agreement of the referral? (Note where there is a risk to a child or vulnerable adult consent is not mandatory in order to refer to the safeguarding team) Purpose of communication to the DST: Advice Concern Sharing information Other:			Yes	No		
Does this referr	al relate to a po	otential risk o	of harm to a	child?	Yes	No
Does this referral relate to a potential risk of harm to an adult?			Yes	No		
(Note that contact	will be made with	the victim / surv	ivor by the sa	feguarding team)		

02						
Details of	Surname					
victim / survivor	Name/s					
	Date of birth (or approx. age if unknown)					
	Gender	Male	Female	Other		
	Position within the church (if applicable):					
	Archdeacon	Chaplain	Lay reader	Member of the	congregation	
	Bishop	Warden	Licenced	Other:		
	Any known mental heal			Yes None	Unknown	
	difficulties / diagnosis? If yes, please provide details below.					
	, , ,					
	Does the victim / surviv	or have a partı	ner / family m	ember in the churcl	h?	
	Name					
	Position					
	Details of concern(s)					

Details of any known services in your country / area who are already supporting the victim / survivor or their family

Please provide any known details – organisation, key worker, contact details.

03						
Details of respondent/ person of concern	Surname Name/s Date of birth (or approx. a	age if unknown) Male	Female		Other	
	Position within the churcl	h (if applicable):				
	Archdeacon	Chaplain	Lay reader	Me	ember of the co	ongregation
	Bishop	Warden	Licenced	Other:		
	Any known mental heddifficulties / diagnosis	s?		Yes	None	Unknown
	Does the victim / surv	ivor have a partr	ner / family m	ember i	n the church	?
	Name Position					
	Details of any children	n they have aged	18 or under			
	Details of any known s respondent/ person of Please provide any know	f concern or thei	ir family			pporting the

Name of Social / Children's Services in your area (if known)
Any other relevant information
The DST will discuss with management at a triage meeting on receipt of this referral. During this meeting it will be agreed whether threshold is met, if further information is required, or if the case will be closed and advice only given to the referrer.
Date of triage / assessment
DST members involved
DST assessment of whether threshold is met Threshold met and say how and why
Threshold not met, advice given, and case to close
DST decision / next steps

Telephone number of the Police Service in your area:

IMPORTANT

04

only:

For office use

When cases be closed at the referral point, a copy of this form will be sent to the relevant Safeguarding Officer, for their records and a copy of the referral will also be uploaded on to the system managed by DST, headed REFERRAL with relevant case identification number, which will be used as a reference.

The DST operates Monday – Friday 9:00am – 5:00pm (GMT). All referrals within working hours will be responded to within 24 hours (GMT). If your referral falls outside of these hours – but is urgent, please refer to our out of hours arrangements.

The following link with take you to what constitutes, Personal data/GDPR:

https://europe.anglican.org/downloads/diocese-in-europe---personal-data-gdpr.pdf