

Please refer to completing the referral form guidance whilst completing this document

## Part 1: Details of the person you are referring

A Personal information	B Contact details of the person you are referring
<p><b>Title</b>            Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>            Other title <input style="width: 150px;" type="text"/></p> <p><b>Surname</b>  <input style="width: 100%;" type="text"/></p> <p><b>Forename(s)</b>  <input style="width: 100%;" type="text"/></p> <p><b>Date of birth</b>  <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/>  <small>D D M M Y Y Y Y</small>            Or age if date of birth is not known <input style="width: 50px;" type="text"/></p> <p><b>Previous names and / or alias dates of birth</b>  <input style="width: 100%; height: 50px;" type="text"/></p> <p><b>Gender</b>            Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><b>Nationality</b>  <input style="width: 100%;" type="text"/></p> <p><b>National Insurance Number</b>  <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p><b>Contact Address</b>  <input style="width: 100%; height: 50px;" type="text"/></p> <p><b>Post Code</b>  <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p><b>Country</b>  <input style="width: 100%;" type="text"/></p> <p><b>Home telephone</b>  <input style="width: 100%;" type="text"/></p> <p><b>Mobile number</b>  <input style="width: 100%;" type="text"/></p> <p><b>Work telephone (if still working)</b>  <input style="width: 100%;" type="text"/></p> <p><b>Email address</b>  <input style="width: 100%;" type="text"/></p>

C Address history (most recent first)		Date from	Date to
<p><b>Address</b></p> <div style="border: 1px solid black; height: 100px;"></div>			

<p><b>D Professional registration (if applicable)</b></p> <p><b>Professional regulator</b>  <input style="width: 100%;" type="text"/></p> <p><b>Registration number</b>  <input style="width: 100%;" type="text"/></p> <p><b>Date of registration</b>  <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/>  <small>D D M M Y Y Y Y</small></p>	<p><b>E Teacher reference (if applicable)</b></p> <p><b>Teachers pension number England and Wales</b>  <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p><b>F CRB Disclosures</b></p> <p><b>CRB Disclosure Number (if known)</b>  <input style="width: 100%;" type="text"/></p>
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## Part 2: Qualifications and training history of the person you are referring

G	Qualifications ( <i>please continue on a separate sheet if required</i> )	
	<i>Title of qualification</i>	<i>Date of certificate</i>

H	In service training / other training / courses attended ( <i>please continue on a separate sheet if required</i> )	
	<i>Details of training</i>	<i>Date attended</i>

## Part 3: Details of the work carried out by the person you are referring

<p><b>I About their role</b></p> <p><b>Role Title</b>  <input style="width: 100%;" type="text"/></p> <p><b>Type of role</b>          Paid <input type="checkbox"/>      Voluntary <input type="checkbox"/></p> <p><b>Date they started working / volunteering in the above role</b>  <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>            <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>            <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  <small>D    D                    M    M                    Y    Y    Y    Y</small></p> <p><b>Date they ceased working / volunteering in the above role</b>  <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  <small>D    D                    M    M                    Y    Y    Y    Y</small></p> <p><b>How did they leave or were removed from the role?</b>          Dismissed <input type="checkbox"/>    Resigned <input type="checkbox"/>    Retired <input type="checkbox"/>  <b>Other (please specify)</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Was the role held by the person you are referring 'regulated activity' with:</b>          Children <input type="checkbox"/>    Vulnerable Adults <input type="checkbox"/>    Both <input type="checkbox"/></p> <p><b>Is the person still employed by you?</b>          Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>If "Yes" to what role has the person been moved?</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>To your knowledge, has the person ever worked in Scotland?</b>          Yes <input type="checkbox"/>      No <input type="checkbox"/>      Don't know <input type="checkbox"/></p>	<p><b>J Role Description</b></p> <p><b>Main duties of the role (may be continued on a separate sheet if required)</b></p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>
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<p><b>K Previous misconduct, disciplinary action or complaints</b></p> <p><i>Nature of allegation and what action was taken</i></p>	<p><i>Date</i></p>
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<p><b>L Previous / other employment (including any volunteer work if known)</b></p> <p><b>Organisation / address</b></p>	<p><b>Job title / role</b></p>	<p><b>Date From</b></p>	<p><b>Date to</b></p>
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## Part 4: Reason for the referral

**M** Purpose of the referral  
I am referring the person because I think they (*please tick one only*):

Harmed a child or vulnerable adult through their actions or inactions (*relevant conduct*); or

Represent a risk of harm to a child or vulnerable adult (*satisfied the harm test*); or

Have received a caution or conviction for a relevant offence.

**N** Summary of the circumstances which has resulted in this person being removed from regulated activity  
(*may be continued on a separate sheet if necessary*)

Has the person you are referring admitted or accepted responsibility for any harm?  
Yes  No  Not Known

**O** Other organisations or agencies involved in the circumstances of the referral

Organisation / address	Contact person / role	Contact number	email

## Part 5: Chronology of events

P	Chronology of events relating to this referral (please continue on a separate sheet if required)		
Date	Event	Relevant Documents	Persons Involved

## Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p><b>Q</b> Details of the person harmed / put at risk of harm</p> <p>Title          Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>          Other title <input style="width: 150px;" type="text"/></p> <p>Surname  <input style="width: 100%;" type="text"/></p> <p>Forename(s)  <input style="width: 100%;" type="text"/></p> <p>Date of birth  <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/>  <small style="display: flex; justify-content: space-around; font-size: 8px;"> <span>D D</span> <span>M M</span> <span>Y Y Y Y</span> </small></p> <p>Or age if date of birth is not known <input style="width: 60px;" type="text"/></p> <p>Gender          Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p><b>R</b> Relationship between the referred and the person harmed / put at risk of harm</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>
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## Part 7: Documentation supplied

<p><b>S</b> Supplied documents (please tick all that apply)</p> <p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>
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<p><b>T</b> Additional documents supplied (<i>please continue on a separate sheet if required</i>)</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
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## Part 8: Referring party

<p><b>U</b> Referring organisation / establishment</p> <p><b>Name of Organisation</b></p> <input type="text"/>  <p><b>Type of organisation</b></p> <input type="text"/>  <p><b>Sector</b></p> <input type="text" value="Select an Option..."/>	<p><b>Contact address</b></p> <input type="text"/>   <p><b>Postcode</b></p> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <p><b>Country</b></p> <input type="text"/>
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<p><b>V</b> Primary contact</p> <p><b>Name</b></p> <input type="text"/>  <p><b>Position</b></p> <input type="text"/>  <p><b>Telephone number</b></p> <input type="text"/>  <p><b>Mobile number</b></p> <input type="text"/>  <p><b>Email Address</b></p> <input type="text"/>	<p><b>Alternative contact</b></p> <p><b>Name</b></p> <input type="text"/>  <p><b>Position</b></p> <input type="text"/>  <p><b>Telephone number</b></p> <input type="text"/>  <p><b>Mobile number</b></p> <input type="text"/>  <p><b>Email Address</b></p> <input type="text"/>
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## Part 9: Declaration

<p><b>W</b> To be signed by the person making the referral</p> <p>I confirm that to the best of my knowledge the information in this form is accurate and that I have provided all documents legally required and any other relevant documentation. I understand that the DBS may contact me about the information I hold on the person I have referred.</p> <p>I understand that any information I have referred will be used by the Disclosure and Barring Service and may be disclosed to the referred person or other parties in accordance with statutory duties under the Safeguarding Vulnerable Groups Act 2006 and other legislation.</p>																					
<p><b>Signature</b></p> <input type="text"/>  <p><b>Name (in BLOCK CAPITALS)</b></p> <input type="text"/>  <p><b>Date</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; width: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; width: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td></td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td></td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p><b>Position</b></p> <input type="text"/>  <p><b>Organisation</b></p> <input type="text"/>  <p><b>Relationship to the individual you are referring</b></p> <input type="text"/>
		/			/																
D	D		M	M		Y	Y	Y	Y												

<p><b>X</b> Returning the form</p> <p>Please check that you have answered all the questions you can and signed the Declaration.</p> <p>This form should be returned, together with all supporting documentary evidence, to the address opposite.</p>	<p>Please return the form to:</p> <p style="text-align: center;">Disclosure and Barring Service PO Box 181 Darlington DL1 9FA</p>
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