**Safeguarding Referral**

**Name of Student**

**(First name and first letter of surname only)**

**Name of Academy or School**

**Name of person making the referral**

**Date**

**Reason for the referral**

**(Please ensure that your reason is as objective and factual as possible, avoid describing feelings or emotions)**

**Action taken by the BtC team (to be completed by BtC)**

**Date**

**Responsibility Handover (To be completed by the school)**

**(School representative)**

**Signature**

**Name**

**Date**