



South Gloucestershire Children's Partnership

Serious Incident Notification (SIN) Referral Form

Name of Person completing this form	
Role	
Email Address	
Contact phone number	
Organisation	
Date of incident	
Date of referral for a SIN Include an explanation when this is more than 5 days after the incident	

This form should be complete if a child dies or is seriously harmed

AND

abuse or neglect is known or suspected, (and caused or contributed to the death or serious harm).

Definition of Serious Harm

Serious harm includes life-changing physical injury, or an injury that is clearly life-threatening. It also situations where what has happened to a child is quite exceptional and the harm suffered will have severe long-term consequences for their health and well-being.

Serious Incident Notifications need to be made to the National Panel within 5 days of the incident, therefore please complete and submit this form as a matter of urgency if you believe the criteria above is met.

Name of Child		DOB	
Home Address		Ethnicity of child	
Mother		DOB	
Father		DOB	
Additional Children to be added below			
Name of sibling		DOB	
Name of sibling		DOB	
Name of Sibling		DOB	

Please provide a summary of the incident that has led to this referral including location and timing

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Please provide your rationale to explain why you believe this meets the criteria for a Serious Incident Notification

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Please send this form to Sarah Taylor, Business Manager of the Children's Partnership sgcp@southglos.gov.uk