

Notification Form for Potential CMR



SECTION ONE - NOTIFYING AGENCY DETAILS

PLEASE ENSURE ALL FILES RELATING TO THIS CASE HAVE BEEN SECURED

TO BE NOTIFIED WITHIN TWO DAYS OF INCIDENT

Date Notified:

Position held:

Agency:

Name:

Address:

Tel No:

Email:

Files Secured:

SECTION TWO - REASON FOR REFERRAL

Reasons for referral to SBNI for consideration of a CMR

Please specify the relevant criteria under Section 17(2) and (3) of The Safeguarding Board for Northern Ireland Regulations (NI) 2012.

Criteria

Guidance Note: If 2(a) and at least one of 2(b) is met, this notification should be completed and forwarded to SBNI.

2(a). The child has died or been significantly harmed.

Any of the following apply:

2(b)

i) Abuse or neglect of the child is known or suspected;

ii) The child or a sibling of the child is or has been placed on the Register maintained by a HSC Trust which lists each child resident in the area of the Trust who, following an investigation by that Trust under Article 66 of the Children (Northern Ireland) Order 1995(a), is subject to a plan to safeguard that child from further harm and promote his health and development; or

iii) The child or a sibling of the child is or has been looked after by an authority within the meaning of Article 25 of the Children (Northern Ireland) Order 1995;

SECTION THREE - CHILD'S DETAILS

Surname: Forename(s): AKA: Gender:
D.O.B: Age: DOD: Address:
(if applicable)
HCN:

Ethnicity: Unknown: Name and contact details of GP: Unknown:
Nationality: Unknown: School/College/Preschool Attended: Unknown:
Language spoken: Unknown: Name and contact details of Health Visitor: Unknown:
Disability or Chronic Illness: Unknown:

Has child ever been placed on Child Protection Register? Yes: No: If yes, which category? Legal status of Child:
Date of Registration: Date of Removal: Unknown:

Is child 'Looked After'? Yes: No: Unknown: Is child a 'Child in Need'? Yes: No: Unknown:
If yes, give details: If yes, give details:
Is child known to Police? Yes: No: Unknown: Current whereabouts of child:
If yes, give details:
Is child known to YJA? Yes: No: Unknown:
If yes, give details:

SECTION FOUR - INCIDENT DETAILS

Circumstances leading to this notification:

Date of Incident:

Where did incident take place?

Trust area , Education Authority or PPU were incident took place:

What other Agencies/Organisations are involved?

Brief information about child/family circumstances. Please identify any issues of concern/risk factors:

SECTION FIVE - DETAILS OF PARENTAL FIGURES

	Birth Mother		Birth Father		
Name:					
AKA:					
DOB:					
Address					
Lived with child at time of incident	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Aware of this notification?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Were they present or involved in the circumstances leading to this notification?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are there Child Protection/ Safeguarding concerns associated with this adult?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Details of concerns:					

Who has parental responsibility for the child?

	Step Mother		Step Father		
Name:					
AKA:					
DOB:					
Address					
Lived with child at time of incident	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Aware of this notification?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Were they present or involved in the circumstances leading to this notification?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are there Child Protection/ Safeguarding concerns associated with this adult?	Yes:	<input type="checkbox"/>	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>	<input type="checkbox"/>	No:	<input type="checkbox"/>
Details of concerns:					

Who has parental responsibility for the child?

SECTION SIX - SIBLING DETAILS

Surname: Gender:

Forename(s): DOB:

AKA: Age:

Address: DOD:
(if applicable)

Ethnicity: Unknown:

Nationality: Unknown:

Language spoken: Unknown:

Disability or Chronic Illness: Unknown:

Name and contact details of GP: Unknown:

School/College/Preschool Attended: Unknown:

Name and contact details of Health Visitor: Unknown:

Has child ever been placed on Child Protection Register? Yes: No: If yes, which category?

Date of Registration: Date of Removal:

Legal status of Child: Unknown:

Is child 'Looked After'? Yes: No: Unknown:

If yes, give details:

Is child known to Police? Yes: No: Unknown:

If yes, give details:

Is child known to YJA? Yes: No: Unknown:

If yes, give details:

Is child a 'Child in Need'? Yes: No: Unknown:

If yes, give details:

Current whereabouts of child:

SECTION SEVEN - OTHER INVESTIGATIONS/NOTIFICATIONS/PROCEEDINGS:

Organisation:	Yes:	No:	Date Informed:	Involvement:
HM Coroner				
HSC Board				
PSNI				
RQIA				
PPANI				
Legal Proceedings				
Other:				
Other:				

Agency Senior Representative's Name:

Position:

I confirm that I am authorised to make this referral.

NB. Authoriser should be Assistant Director level or above.

Signed:

Date:

[CLICK TO ADD EXTRA](#)

NB: For Office Use Only

To be completed by SBNI:

Date Received by SBNI:

CMR Referral I.D

Date Sent to CMR Panel Chair:

To be completed by CMR Panel Chair:

Date Received by CMR Panel Chair:

Recommendation to proceed to CMR?: Yes: No:

Terms of Reference Enclosed?: Yes: No:

If not proceeding to CMR, alternative process recommended:

Rationale for recommendation to proceed/not proceed:

To be completed by SBNI Board/Chair

Date received by CMR Panel Chair:

SBNI Board/Chair Decision - Proceed to CMR? Yes: No:

SBNI Board/Chair Rationale:

Reason for delays in decision to hold CMR (if any):

Signed: Date:

To be completed by SBNI:

Date confirmation sent to referring agency:

Date transferred to Effectiveness and Governance Committee: