

**Referring agency:** Shetland Islands Council\*  
**Schools service\***  
**Children's Services\***  
**Housing service\***  
**Other SIC department or service (please state)\***  
**Other organisation (please state)\***

**Child Protection**

**CONFIDENTIAL**

**To:** Service Manager, Children's Services (Social Work)

**Copy to:** Head of Schools \*

Head of Children's Services\*

Head of Housing \*

(\* delete as appropriate)

Designated Person for Organisation (please state):

**From:** Name, Designation/post held and name & address of School/Club/Centre  
etc

**Child's Name:**

**Date of Birth:**

**Address:**

**Name and Address of Parent or Guardian:**

**Date and time of initial contact with member of staff:**

**Reasons for concern:**

(clearly indicate whether this refers to an incident, suspicion or allegation by the child)

**Date and time of contact with the Duty social work service:**

**Advice received from the Duty social work service:**

**Any other comments:**

**Signed:**

**Date:**

**Please attach a copy of your agency's chronology if available**