|  |  |
| --- | --- |
| **Local Safeguarding Team Contact Form** | |
| Name of Local Authority |  |
| Name and Version of Local Multi-Agency Adult Safeguarding Policy and Procedures |  |
| Location of Multi-Agency Adult Safeguarding Policy and Procedures |  |
| Name and Version of Local Multi-agency Child Safeguarding Policy and Procedures |  |
| Location of Multi-agency Child Safeguarding Policy and Procedures |  |

|  |  |
| --- | --- |
| **My Team is familiar with these policies and knows where to find them;** | |
| Sign and Print Name: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Important Contact Details** | | | |
|  | **Telephone Number** | **Out of Hours** | **Email** |
| **Local Authority:** | | | |
| Adult |  |  |  |
| Child |  |  |  |
| **NHS:** | | | |
| Adult |  |  |  |
| Child |  |  |  |
| **Police:** | | | |
| Adult |  |  |  |
| Child |  |  |  |
| **CQC:** | | | |
| Adult |  |  |  |
| Child |  |  |  |
| **Other** |  |  |  |