



**Recording Form for Safeguarding Concerns**

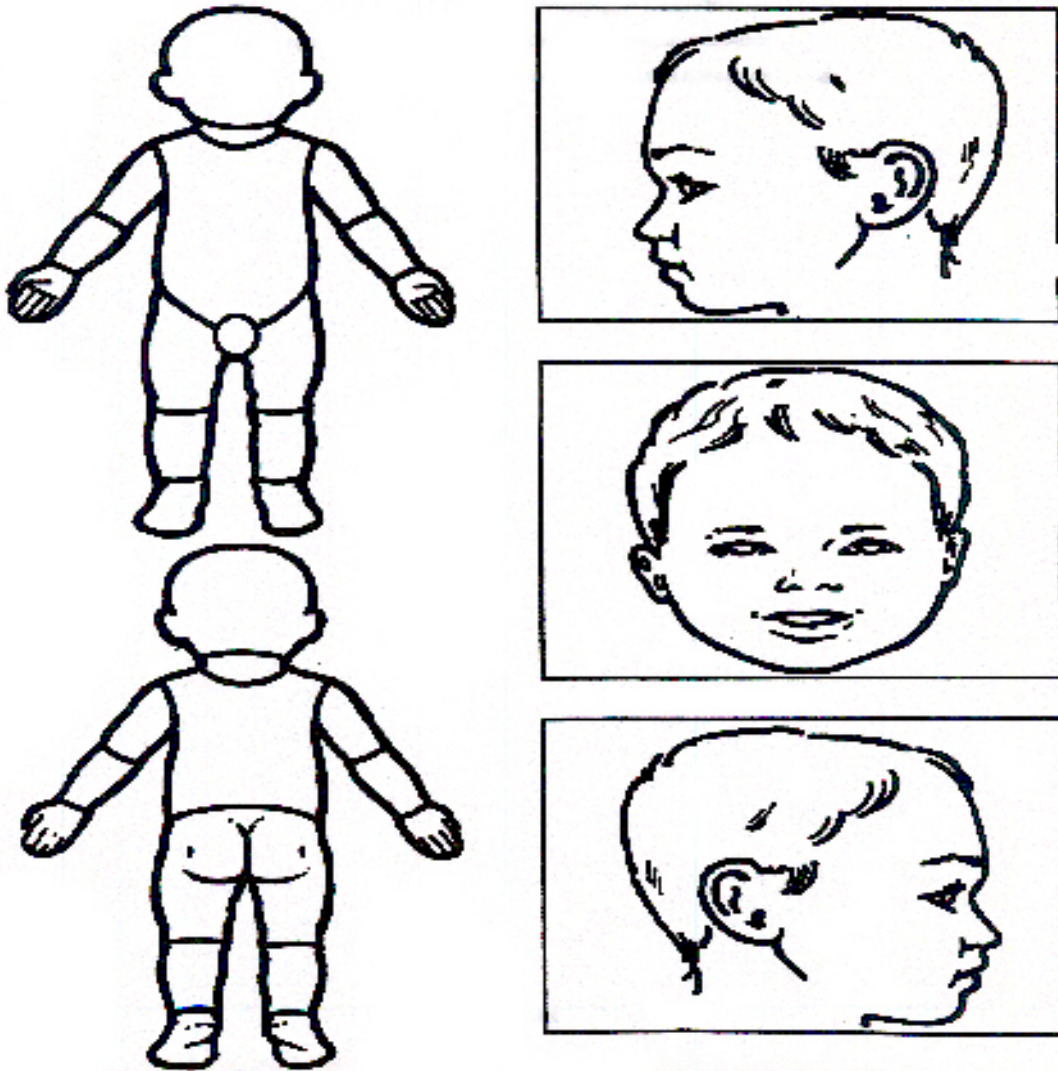
Staff or volunteers and regular visitors with a safeguarding concern are required to complete this form and pass it to the Safeguarding Officer (Ian Farr) or Deputy Safeguarding Officer (Sue Whitfield).

Information Required	Enter Information Here
Full name of child or adult	
Date of birth	
Setting/place where incident/disclosure occurred	
Your name and position	
<p>Nature of concern/disclosure</p> <p><i>Please include where you were when the person made a disclosure/you became aware of a concern; what you saw; who else was there; what was said by both you and the person making the disclosure.</i></p> <p><i>[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed if appropriate]</i></p> <p><i>[Make it clear if you have a raised a concern about a similar issue previously]</i></p>	
Time and date of incident:	



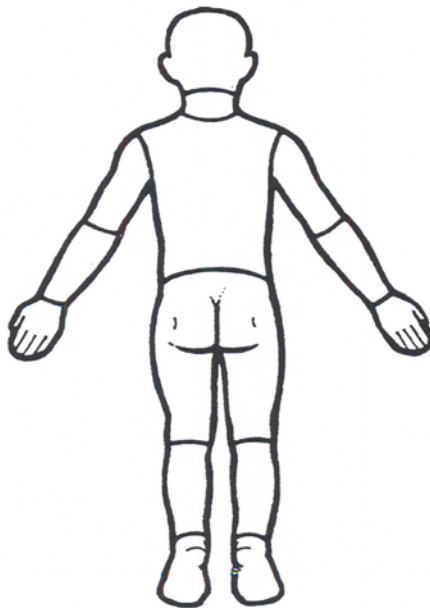
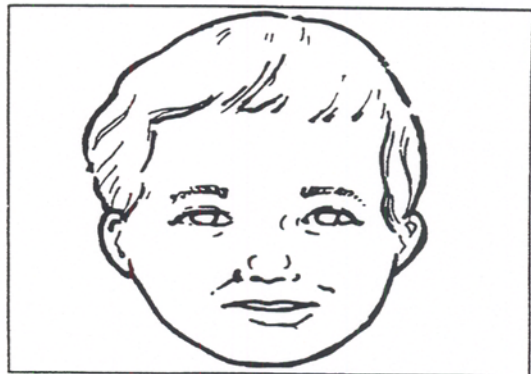
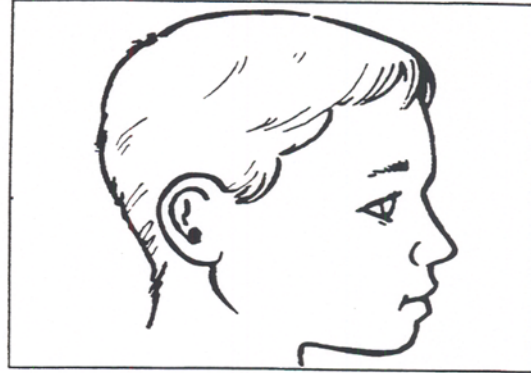
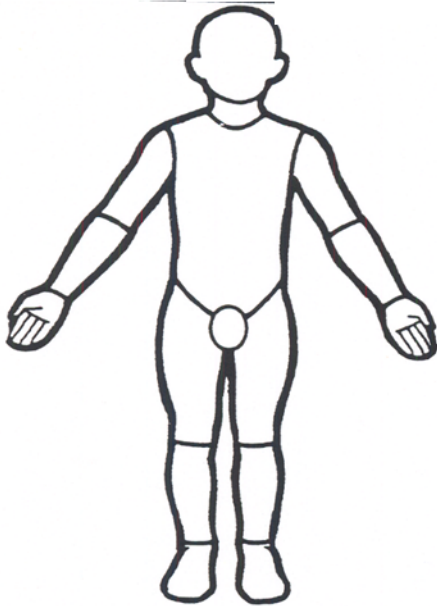
Information Required	Enter Information Here
Name and position of the person you are passing this information to:	
Your Signature	
Time and date form completed	
Time form received by SO/DSO	
Action Taken by SO/DSO	
Referral made to social care [yes/no, date and time]	
Referral made to police [yes/no, date and time]	
Referral made to other agency [yes/no, date and time, name of organisation]	
Parents informed [yes/no, date and time]	
Feedback given to child/adult making the disclosure [yes/no, date and time]	
Feedback given to person who recorded disclosure [yes/no, date and time]	
Further action agreed	
Full Name of SO/DSO	
Signature of SO/DSO and date of signing	

**Body Map- Young Child**



**Indicate clearly where the injury was seen and attach this to the referral form**

**Body Map- older child**



**Indicate clearly where the injury was seen and attach this to the referral form**