

Appendix 1 – Safeguarding Policy
Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Mrs B. Neate Evans, Mrs S Mardell or Miss C Rodrigues if they have a safeguarding concern about a child in our school.



Full name of child	Date of Birth	Class	Your name and position in school

Nature of concern/disclosure
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.
Time and date of Incident:
Was there an injury? Yes / No Did you see it? Yes / No
Describe the injury:
Have you filled in a body plan to show where the injury is and its approximate size? Yes / No
Was anyone else with you? Who?
Has this happened before? Yes / No Did you report the previous incident? Yes / No
Who are you passing this information to? Name: Position:
Your signature: Time: Date:

Action taken by DSL

Referred to...?

Attendance
Improvement
Officer

Police

School Nurse

Children's
Services

PSA

Guidance
Adviser

Other

☐☐☐☐☐☐☐

Date:

Time:

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

☐

Pastoral team

☐

Tutor

☐

Child

☐

Person who recorded disclosure

Further Action Agreed:

e.g. School to instigate a Family Support Process, assessment by Children's Services

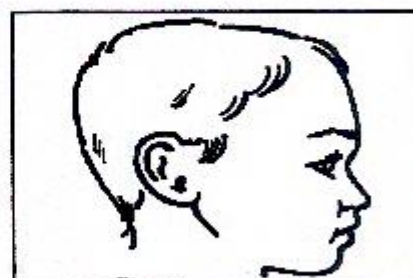
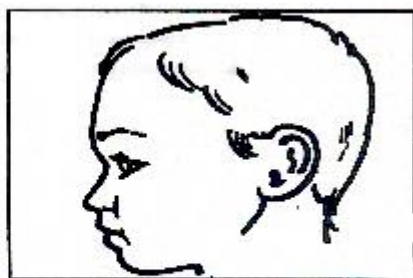
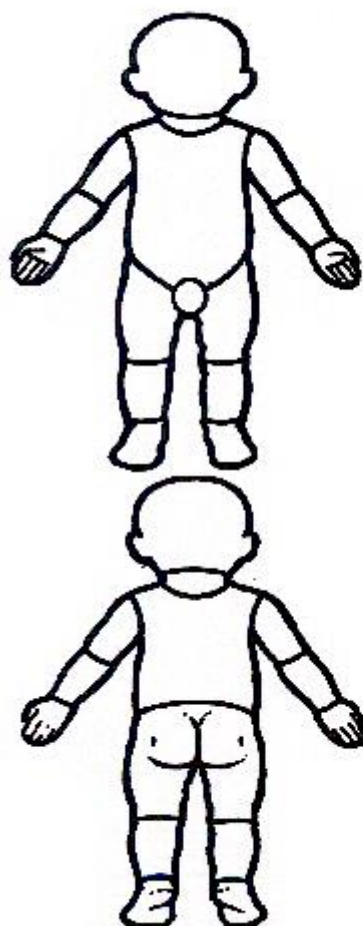
Full name:

DSL Signature:

Date:

Body Map

Young Child



Older Child

