

Appendix 1 – Safeguarding Policy
Recording Form for Safeguarding Concerns



Staff, volunteers, regular visitors and students are required to complete this form and pass it to Sarah Mardell, Clare Glaister, Gloria Gray, Crystal Rodrigues or Hattie Daley 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 form completed:			
Date:			

Action taken by DSL

Time Form received by DSL

Referred to...?

Attendance
Lead

Police

Just one number

Children's
Services

PSA

Early Help/
Family Focus

Other

Date:

Time:

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

Feedback given to...?

Pastoral team

Teacher

Child

Person who recorded disclosure

Further Action Agreed:

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

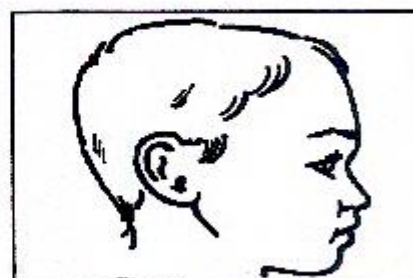
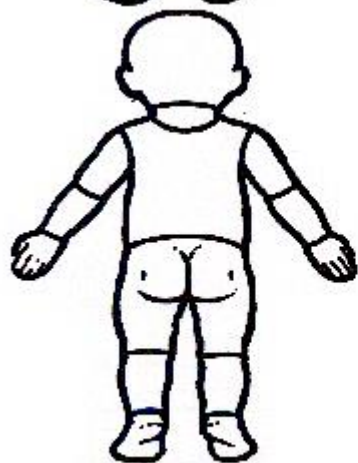
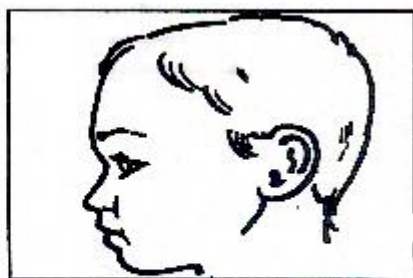
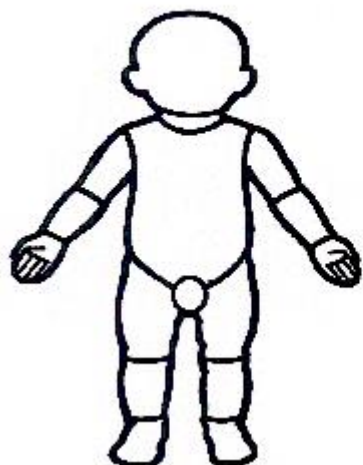
Full name:

DSL Signature:

Date:

Body Map

Young Child



Older Child

