Recording Form for Safeguarding Concerns

|  |  |  |
| --- | --- | --- |
| Name of person making disclosure | Date of birth | Your name and role in the church |
|  |  |  |
| Nature of Concern/Disclosure |
| **[Remember to only record factual information. DO NOT add your own opinion]** |
| Was there an injury? Yes / No Did you see it? Yes / No |
| If yes; describe the injury: |
| Have you filled in a body map to show where the injury is and its approximate size? Yes / No  |

|  |
| --- |
| (recording Form for Safeguarding Concerns continued) |
| Is the concern about sexual abuse? Yes / No If yes, what are the indicators? |
| Was anyone else with you? Yes / No If yes, who?  |
| Where were you? |
| Has this happened before? Yes / No Did you report the previous incident? Yes / NoTo whom and on what date: |
| Whom are you passing this information on to? Name: Date: Time: |
| Your Signature: Date: Print Name: |