Recording Form for Safeguarding Concerns

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| Name of person making disclosure | Date of birth | Your name and role in the church |
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| 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 | | |

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| (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 / No  To whom and on what date: |
| Whom are you passing this information on to?  Name: Date:  Time: |
| Your Signature: Date:  Print Name: |