

Grace Church

Recording Form for Safeguarding Concerns

Staff, volunteers and visitors are required to complete this form and pass it to **Gladys Olujobi or Jon Kempster** if they have a safeguarding concern about a child in Grace Church.

Full name of child	Date of Birth	Your name

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 & date of incident:	
Was there an injury? Yes / No	Did you see it? Yes / No
Describe the injury:	
Was anyone else with you? Who?	
Who are you passing this information to? Name:	
Position:	
Your signature:	
Time form completed:	
Date:	

Time form received by Co-ordinator or Deputy:

Action taken:

Referred to?

Date:

Time:

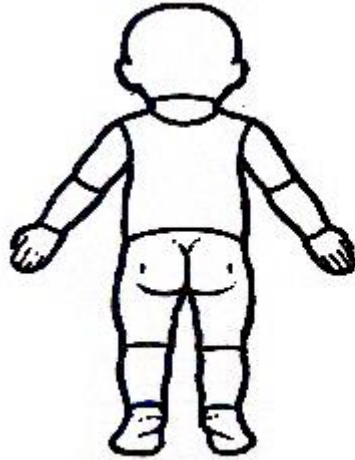
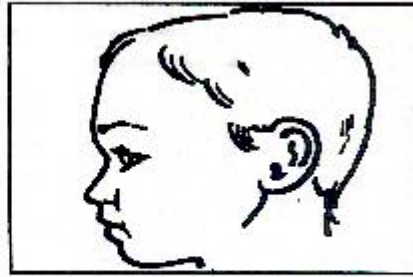
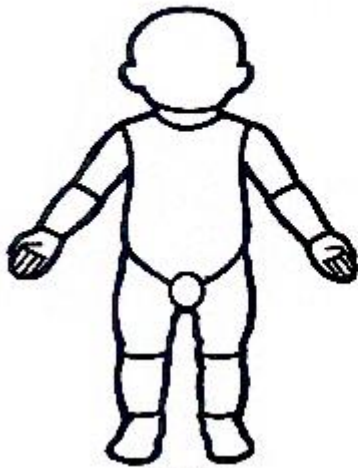
Parents informed? Yes / No (If No, state reason)

Further Action Agreed:
(if necessary)

Co-ordinator/Deputy Signature:

Date:

Young Child



Older Child

