**Draft Recording Form for Safeguarding Concerns**

Staff, volunteers and regular visitors are required to complete this form and pass it to [Enter name of DSL] if they have a safeguarding concern about a child in our school.

| **Information Required** | **Enter Information Here** |
| --- | --- |
| Full name of child |  |
| Date of birth |  |
| Class/tutor group/form group |  |
| Your name and position in the 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.* *[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]**[Make it clear if you have a raised a concern about a similar issue previously]* |  |
| Time & date of incident:  |  |
| Name and position of the person you passing this information to?  |  |
| Your Signature |  |
| Time and date form completed |  |
| Time form received by DSL |  |
| Action Taken by DSL |  |
| Referral made to Attendance Lead [yes/no, date and time] |  |
| Referral made to police [yes/no, date and time] |  |
| Referral made to Just One Norfolk [yes/no, date and time] |  |
| Referral made to CADS [yes/no, date and time]  |  |
| Referral made to PSA [yes/no, date and time] |  |
| Referral made to Community & Partnerships [yes/no, date and time] |  |
| Referral Made to Other Agency [yes/no, date and time, name of organisation] |  |
| Parents Informed [yes/no, date and time] |  |
| Feedback given to pastoral team[yes/no, date and time] |  |
| Feedback given to teacher[yes/no, date and time] |  |
| Feedback given to child[yes/no, date and time] |  |
| Feedback given to person who recorded disclosure[yes/no, date and time] |  |
| Further Action Agreed |  |
| Full Name of DSL |  |
| Signature of DSL |  |
| Date of Signature |  |

**Body Map**

**Indicate clearly where the injury was seen and attach this to the referral form**

**Body Map**

**Older Child**

**Indicate clearly where the injury was seen and attach this to the referral form.**