|  |
| --- |
| APPENDIX 3 – SAFEGUARDING INCIDENT FORMThis form should be filled as fully as possible by the concerned person who then passes it on to the DPS.The DPS will complete their own copy of this form, both copies to be kept together.The concerned person only needs to fill this page and the body map (if appropriate) |
| **Name of church / organisation** |  Cairns Road Baptist Church |
| **Contact details of church / organisation** |  Westbury Park, Bristol, BS6 7TH |
|  |  |
| **Name of Designated Person for Safeguarding (DPS)\*** |  |
| **Contact details of Designated Person for Safeguarding\*** |  |
|  |  |
| **Name of concerned person or to whom disclosure was given** |  |
| **Contact details of concerned person or whom disclosure was given** |  |

**INDIVIDUAL OF CONCERN (the child or vulnerable adult) CONTACT DETAILS**

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Address |  |
| Phone number / Email address |  |

**THE INCIDENT**

What happened? (Nature of concern / disclosure made - use the person’s own words if known

When did it happen? (date, time)

Where did it happen? (specific location)

Who was allegedly involved and in what way? (includes witnesses)

When was it reported to the concerned person

Have the carers or parents / guardians been informed? If so, when and by whom?

Signature of concerned person Date / Time

**ANY ACTION THAT HAS BEEN TAKEN**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have the carers or parents / guardians been informed? (Please tick)

If so, when and by whom?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have the statutory authorities been informed?

If so, please complete the table:

|  |  |  |
| --- | --- | --- |
| Authority (eg Police, Soc Services) |  |  |
| Name |  |  |
| Position  |  |  |
| Email contact |  |  |
| Phone contact |  |  |
| Contacted by |  |  |
| Date & time of contact |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Has the Local Association been informed?

*(Please do so if the statutory authorities are involved)*

If so, when and by whom?

Any other action taken:

**FUTURE ACTION TO BE TAKEN**

What action needs to be taken?

Who is responsible for this?

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Designated Safeguarding Person  |  | Signature of Trustee or other Church Safeguarding Team member |  |
| Date & time |  | Date & time |  |

**BODY MAP**

Name of Individual of Concern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it’s not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**



Front Back

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_