**SAFEGUARDING INCIDENT FORM**

|  |  |
| --- | --- |
| This 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 - CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Date of birth/approximate age |  |
| Address |  |
| Phone number / Email address |  |
| Do they know that you are sharing concerns about them |  |
| If not, please explain why: |  |
| If under 18 Please include details of the parent or carer: | |
| Name: |  |
| Address: |  |
| Phone number/Email address: |  |
| Relationship to the child/young person |  |
| Do they know that you have concerns that you are sharing? |  |
| If not, please explain why: |  |

**DETAILS OF ALLEGED PERPETRATOR (IF RELEVANT)**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone number/Email address: |  |
| Are they an adult or child (under 18)? |  |
| Relationship to the child/adult at risk: |  |
| Does the child/adult live with the alleged perpetrator: |  |

**THE INCIDENT**

* Remember to include the 4 W’s - Who, What, Where, When.
* Be clear whether this is something you have been told about or something that you have observed directly
* Include names of anyone else who witnessed the incident or is aware of the concern.
* Refer to the church safeguarding policy if you are unsure what to include.

Please continue on a separate sheet if necessary

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

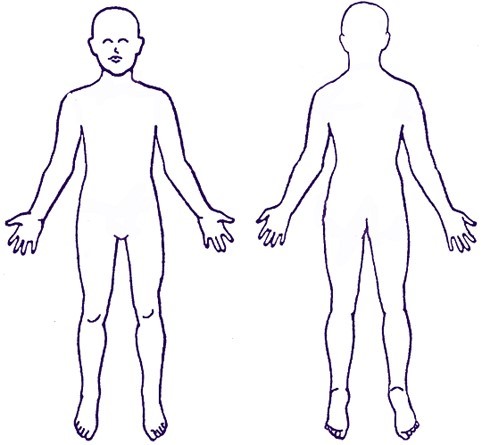
|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Designated Safeguarding Person |  | Signature of Trustee or other Church Safeguarding Team member |  |
| Date & time |  | Date & time |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_