

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

If so, when and by whom?

Yes		No	
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Have the statutory authorities been informed?

If so, please complete the table:

Authority <small>(eg Police, Soc Services)</small>		
Name		
Position		
Email contact		
Phone contact		
Contacted by		
Date & time of contact		

Yes		No	
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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

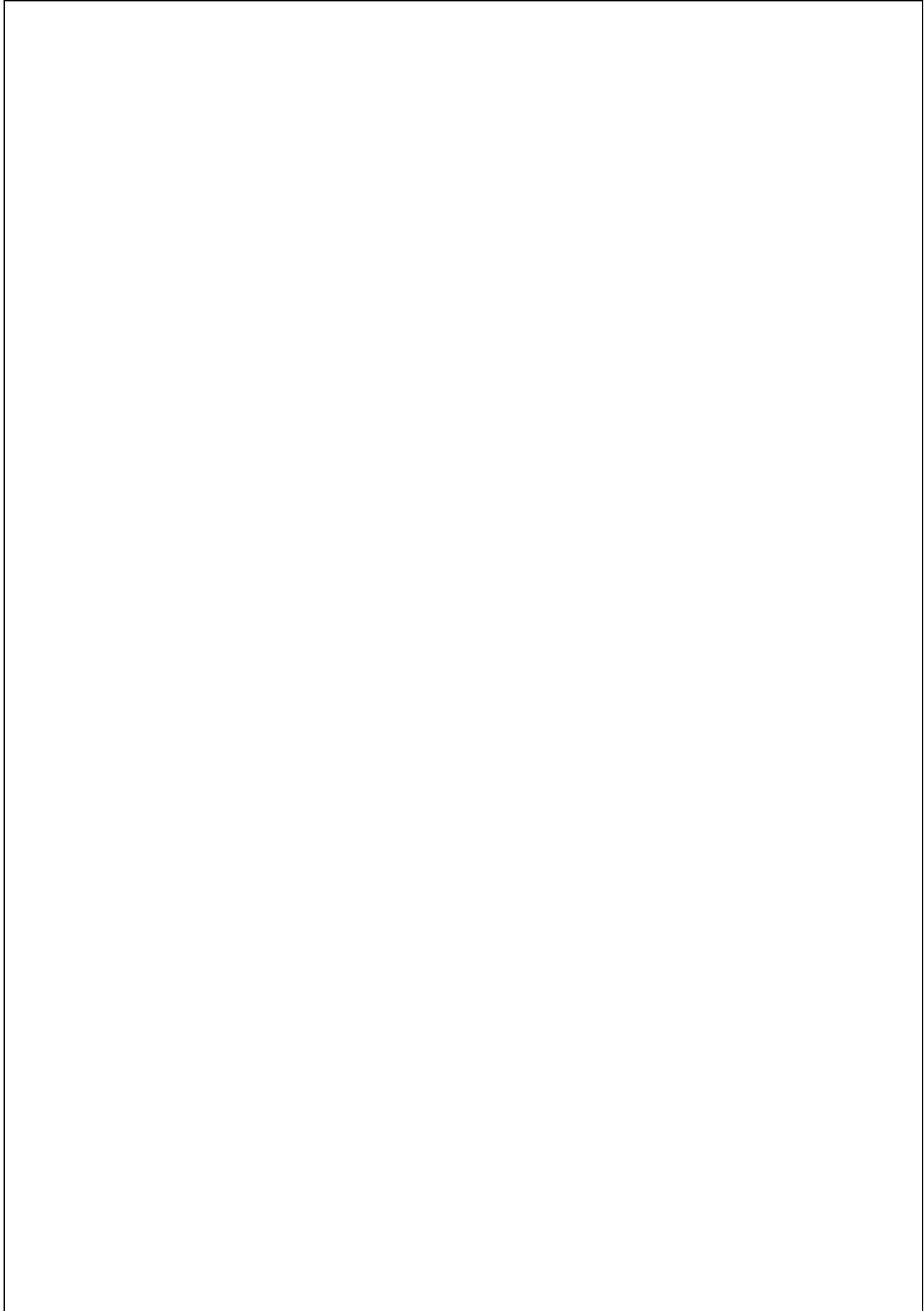
What action needs to be taken?

Who is responsible for this?

SIGNATURES

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

Decisions and Justifications

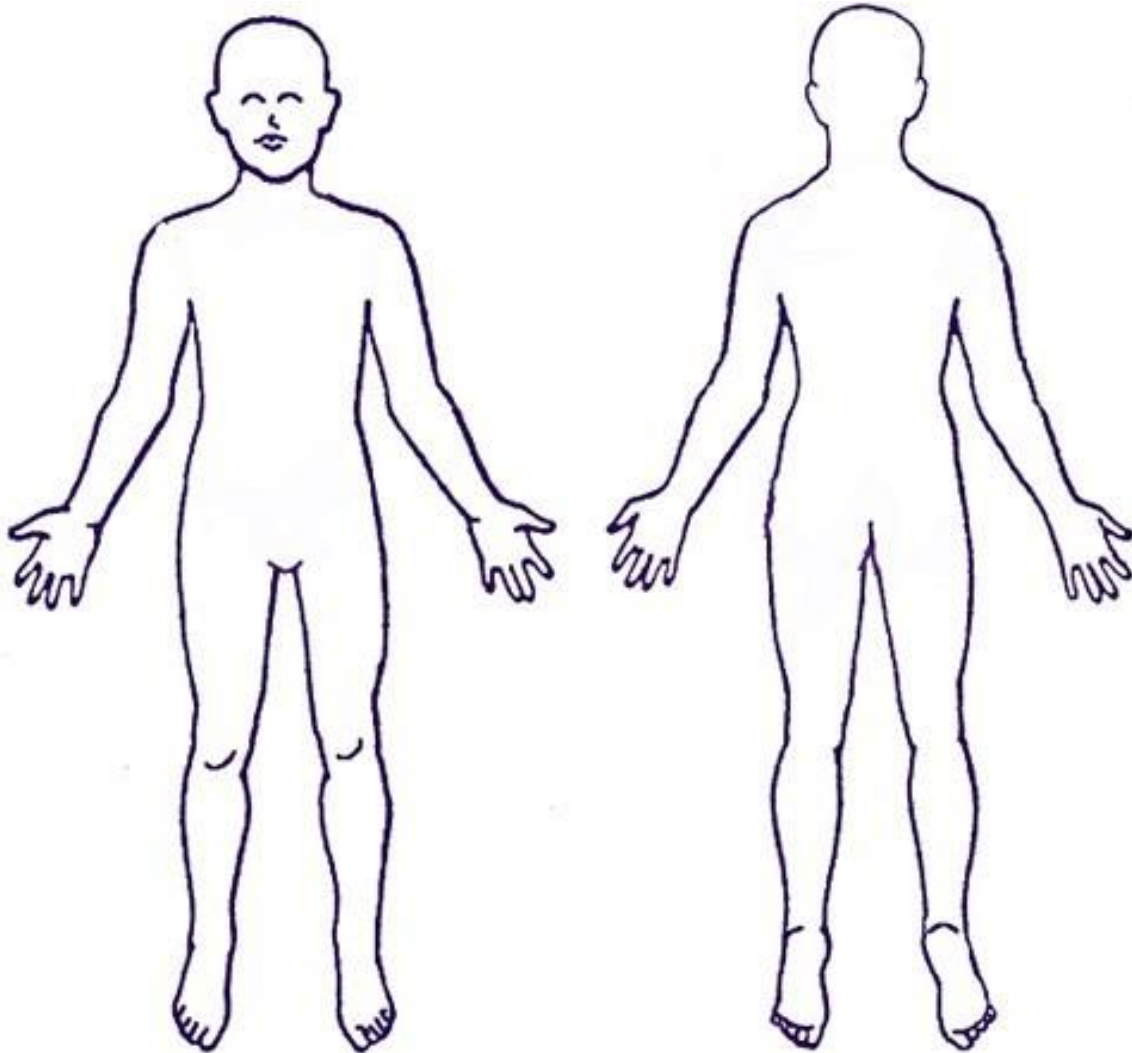


BODY MAP

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.**



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Signature _____

Date and time _____