



## Recording Form for Safeguarding Concerns

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

Full name of child	Date of Birth	Tutor/Form group	Your name and position in 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.

Was there an injury? Yes / No

Did you see it? Yes / No

Describe the injury:

Have you filled in a body plan to show where the injury is and its approximate size?  
Yes / No

Was anyone else with you? Who?

Has this happened before?

Did you report the previous incident?

Who are you passing this information to?

Name:

Position:

**Your signature:**

**Time:**

**Date:**

Action taken by DSL

Referred to...?

Attendance  
Improvement  
Officer

Police

School Nurse

Children's  
Services

PSA

Guidance  
Adviser

Other

Date:

Time:

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

Feedback given to...?

Pastoral team

Tutor

Child

Person who recorded disclosure

Further Action Agreed:

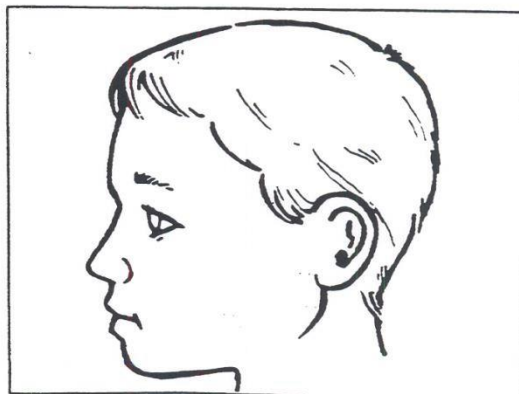
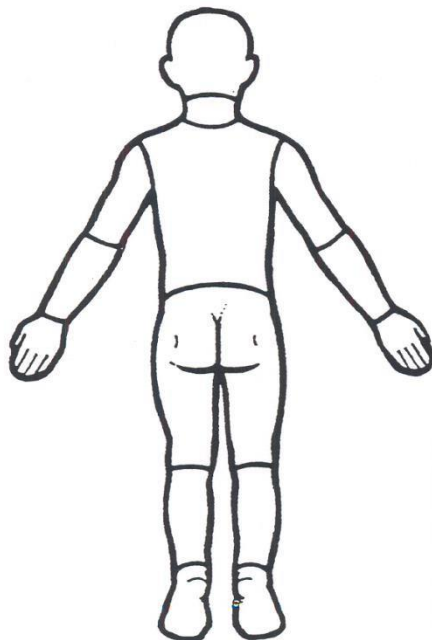
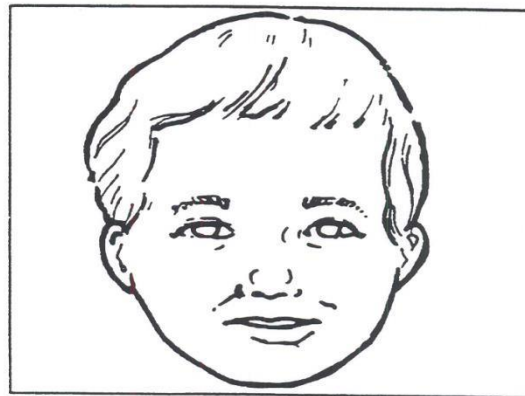
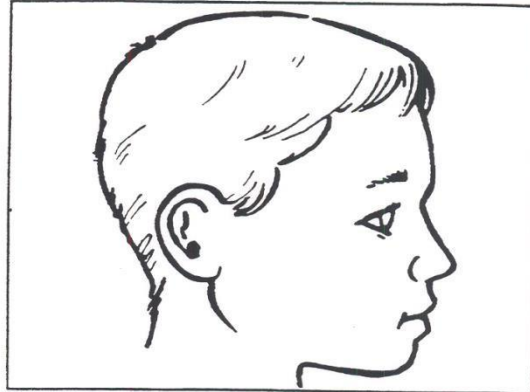
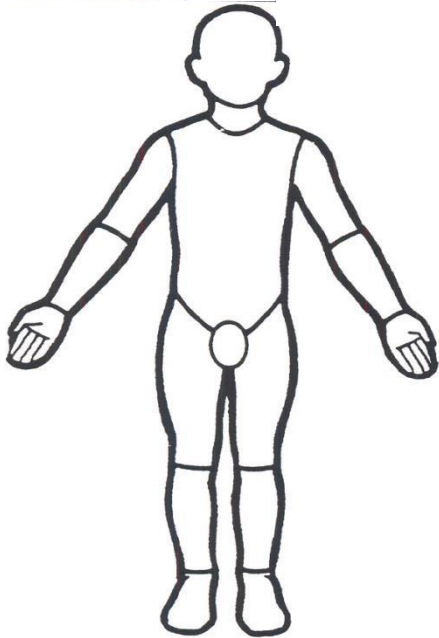
*e.g. School to instigate a Family Support Process, assessment by Children's Services*

Full name:

DSL Signature:

Date:

Please use the body map to indicate location of injury/bruising etc.



Please note: the body map is used to identify the area on the body where there has been injury and or bruising. The body map is not gender specific.

**Also, notwithstanding the diagram, remember to only view parts of the child's body which are normally visible.**