**Model child welfare concern and child protection concern/disclosure form**

*To be completed by education provision staff or volunteers when they become aware of any child welfare or child protection concern. The completed form should be handed to the DMS without delay.*

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| --- | --- | --- |
| **Name of child:** | **DOB of child:** | |
| **Year group:** | **Class/tutor group:** | |
| **Name and role of person making this record:** | | |
| **Date:** | **Time:** | |
| **Nature of incident/concern/disclosure:**  (Include any relevant background and any injuries/marks.  These should also be recorded on the body map overleaf). | | |
| **What the child said in their own words:** | | |
| **Observations made/professional opinions :**  Please make distinction between fact and opinion | | |
| **Action taken by person making this record** | | |
| **Signature** | **Date** | |
| **Information Reviewed by DMS and actions taken:**  (including rationale for decisions made):   |  |  |  | | --- | --- | --- | | ***Action Taken*** | ***By whom*** | ***Outcome*** | | **Discuss with child** Ensure the child’s wishes and feelings are ascertained where appropriate. |  |  | | **Check** behaviour/SEN/attendance leads for any relevant information |  |  | | **Contact parents** *Please tick*  Telephone call 🞏  Meeting 🞏 |  |  | | **Refer** to multi-agency safeguarding hub (MASH) children’s social care. |  |  | | **Other** (please specify) |  |  | | | | |
| **Signature** | | **Date** | |
| **Final outcome:** | | | |
| **Signature** | | **Date** | |
| **Summary** of any feedback given to member of staff raising original concern (including rational for information sharing) | | | |

**Body map**

