

Safeguarding

Model document



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.

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

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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 <i>Please tick</i> Telephone call <input type="checkbox"/> Meeting <input type="checkbox"/>		
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

