



CONCERN RECORDING FORM

This form must be completed as soon as possible after receiving information that causes a concern. Contact the Child Wellbeing and Protection Officer on **07950 383377** to report the concern then email the completed form to **mackay5143@gmail.com** as soon as possible after completion; do not delay by attempting to obtain information to complete all sections. Please do not keep any electronic, printed or written versions of this form. It is important to maintain confidentiality to delete or shred as soon as the information has been passed on.

Complete Part A where the concern relates to the wellbeing of a child and/or Part B where the concern relates to the conduct of an adult. Finally, complete Part C to provide your contact information.

PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD

(SAFE, HEALTHY, ACTIVE, NURTURED, ACHIEVING, RESPECTED, RESPONSIBLE, INCLUDED)

1. Child's Details

Name:	Date of Birth:
Address:	Tel No:
Post Code:	
Child's Named Person:	Named Person Tel No:
Preferred Language	Is an interpreter required? YES / NO
Any Additional Needs?	

2. Details of situation giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

3. Details of any witnesses/other people involved
(including names, addresses and telephone contacts)

4. Details of any injuries
(including all injuries sustained, location of injury and action taken)

5. Child's views on situation (if expressed). Where possible, please use the child's own words.

PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT

6. Details of adult where there are concerns about their conduct

Name:	Tel No:
Address:	Relationship to Child:
Post Code:	

7. Details of concerns
(including date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

8. Details of any action taken

9. Details of agencies contacted
(including date, time, name of person contacted and advice received)

10. Have the child's parents/carers been informed?
If yes, record details / If no, please state why not

YES / NO (delete as appropriate)

PART C – YOUR CONTACT INFORMATION

11. Details of Person Recording Concerns

Name:	Tel No:
Address:	Position/Role:
Post Code:	

Signed: _____

Date: _____