

Safeguarding Recording Form



Please fill in as much information below as you can and then email it marked 'confidential' to the Safeguarding Co Ordinator, Sarah Jackson – sarahjackson6521@gmail.com.

| | |
|---|--|
| Full name of <u>person</u> concerned | |
| Details of <u>person filling in this form</u> : | |
| • Name | |
| • Address (including postcode) | |
| • Email address: | |
| • Telephone Number: | |
| • Date of birth: | |
| Date and time of incident | |
| Location of incident | |
| Other people present (witnesses) | |

Record of incident (continue on a separate sheet if necessary)

| | |
|--|--|
| <p>Please ensure you are as accurate and detailed as possible.</p> <p>Use quotes wherever possible – do not interpret what was said using your own words.</p> <p>Include details such as tone of voice, facial expressions and body language.</p> <p>Record what you said as well as what the child, young person or adult said.</p> <p>If you have formed an opinion please state it, making it clear that it is your opinion, and give reasons for forming that opinion.</p> | <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p>Signed: _____ Date: _____</p> <p style="text-align: center;"><i>Please use the back if more space is required. Sign both sides if used.</i></p> </div> |
|--|--|

Safeguarding Incident Recording Form Page 2

Record of incident (continued)

Name:

Signed:

Date:

Please sign the other side as well.

Safeguarding Recording Form - Follow Up Page



| Who has been spoken to about the incident? | | <i>To filled in by the Youth & Children's Work Coordinator and/or the Safeguarding Coordinator</i> | | |
|---|---------------|--|-------------------------|--------------------------|
| <i>Position/Organisation</i> | <i>Name</i> | <i>Email</i> | <i>Telephone Number</i> | <i>Date spoken to on</i> |
| Church Safeguarding Coordinator | Sarah Jackson | sarahjackson6521@gmail.com | 0151 632 4936 | |
| Synod Safeguarding Officer | | | | |
| Children's Services | | | | |
| Adult Services | | | | |
| Police | | | | |
| NSPCC | | | | |
| Parent/Carer | | | | |
| Other (please state role and organisation) | | | | |
| Feedback and follow up actions (continue on a separate sheet if necessary) | | | | |
| | | | | |

Name:

(person who completed this form)

Position held in the church:

Signed:

Date: