



SAFEGUARDING CONCERN FORM

This form should only be completed when making a referral or seeking advice from the Safeguarding Board regarding a Person in a Position of Trust with children or young people. The referral form should be sent to the Safeguarding Board within 2 hours of the incident occurring.

These procedures should be applied when there is an allegation or concern that any person who works with children or young people has:

- a. Behaved in a way that has harmed, or may have harmed, a child;
- b. Possibly committed a criminal offence against, or related to, a child; or
- c. Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children

Upon completion of the Safeguarding Concern Form please email the referral from to:

SafeguardingBoard@sunfield.org.uk

Child involved:

Home / School:

Time:

Staff Raising Concern:

All others Present:

Location:

Setting of concern:

ANY RELEVANT INFORMATION ABOUT EVENTS LEADING UP TO THE INCIDENT/CONCERN/ALLEGATIONS MANAGEMENT

Reason of your concern :

Ensure you consider the following to explain the incident/allegation of harm/transfer of risk. :

- date/time of the behaviour
- context of the behaviour
- witnesses to the behaviour
- frequency of the behaviour (e.g. kicked him 3 times)
- duration of the behaviour (e.g. length of time a person was held)
- latency of the behaviour or length of time before person took action)
- observable injury
- topography of the behaviour (how the behaviour looks e.g. fist, open hand)
- impact of harm (e.g. child cried following incident)
- the professionals family are subject to statutory social work intervention

Fill in the box below to detail your concern:



NEXT STEPS Date Reported and to whom (Line Manager/Deputy/On Call/Safeguarding Lead): Time and How Reported:
ACTION TAKEN (By staff to ensure child's immediate safety):
ON CALL MANAGER RESPONSE
Date Reported and to whom (Safeguarding Lead/Safeguarding Deputy): Time Reported: DETAILS OF ANY ACTIONS AGREED/TAKEN. CONTACT MADE WITH THE DESIGNATED SAFEGUARDING LEAD/ REGISTERED MANAGER/ RESPONSIBLE INDIVIDUAL/ PRINCIPAL Y/N (reasons why) Date Reported: Time Reported: DETAILS OF ANY ACTIONS AGREED/TAKEN.
CONTACT MADE WITH PLACING LOCAL AUTHORITY Y/N (reasons why)



CONTACT MADE WITH WORCS LOCAL AUTHORITY Y/N (reasons why)
CONTACT MADE WITH PARENTS/CARERS Y/N (reasons why)
OFSTED NOTIFICATION COMPLETED Y/N (reasons why) <u>REFERENCE NUMBER :</u>
CONTACT MADE WITH ANY OTHER AGENCY Y/N (reasons why)
OUTCOMES (including feedback given to relevant staff/professionals)
DESIGNATED SAFEGUARDING LEAD/ REGISTERED MANAGER / PRINCIPAL RESPONSE
CONTACT MADE WITH LADO- Y/N (reasons why) Date Reported and to whom : Time Reported: DETAILS OF ANY ACTIONS AGREED.
OUTCOMES (including feedback given to relevant staff/professionals)
DATE OF CLOSURE



Chronology Log

Name of Young Person			
Date /Time	Event-Disclosure/Observation/Meeting etc	Supporting Documentation	Staff Name
DATE OF CLOSURE			