



## Appendix D - Record Form

### ***Confidential when completed***

This information is confidential and should only be shared with the DSL and used to record details of the safeguarding concern raised and aid the referral process if applicable.

Please complete all information that is known.

Use a pen and only record facts.

Your name:
Your position:
Childs name:
Their address:
Date of birth:
Family members:
Have parents/carers been informed?
Doctors:
Date and time of any incident:
Ethnicity:
First language:
Disability:
Details of anyone else present:
Has a body map been completed?
Your observations:



Exactly what was said / happened, and what you said:		
Action taken so far:		
External agencies contacted (date & time):		
Police:	yes/no	If yes: Name and contact number:  Details of advice received:
Social Services	yes/no	If yes: Name and contact number:  Details of advice received:
Other: (NSPCC 0800 800500)	yes/no	Name and contact number:  Details of advice received:




Signature:
Print name:

Date:
<b><i>CONFIDENTIAL WHEN COMPLETED</i></b>

A copy of this form should be kept by the person completing it, and the original given to the Designated Safeguarding Lead.

Remember to maintain confidentiality on a **need to know** basis.