



Staff, volunteers and regular visitors are required to complete this form and pass it to the designated safeguarding lead, a director should also be notified (Cary Bouza Merida or Ashley Wells) if they have a safeguarding concern about a child they're seeing in a professional manner.

Full name of child	Date of Birth	Class/Tutor/Form group	Your name and position in school

Nature of concern/disclosure

Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.

Time & date of incident:

Who are you passing this information to?

Name:

Position:

[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]

[Make it clear if you have raised a concern about a similar issue previously]

Your signature:

Time form completed:

Date:



Time form received by DSL:

Action taken by DSL:

Referred to...?

Attendance
Lead

Police

Just One
Number

Children's
Services

PSA

Early Help
Family Focus

Other

Date:

Time:

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

Pastoral team

Teacher

Child

Person who recorded disclosure

Further Action Agreed:

e.g. School to instigate a Family Support Process, assessment by Children's Services

Full name:

DSL Signature:

Date:

ABA Horizons LTD

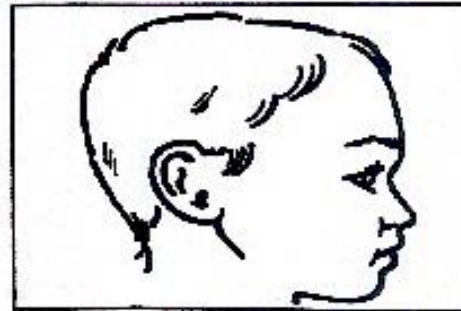
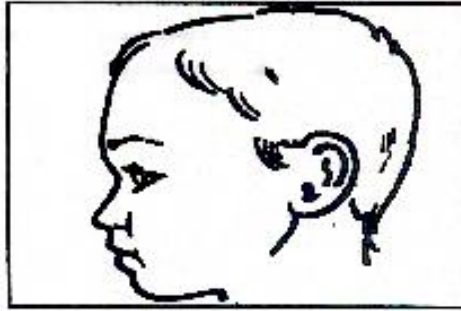
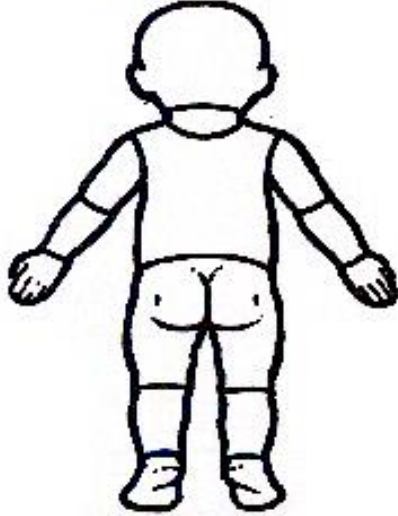
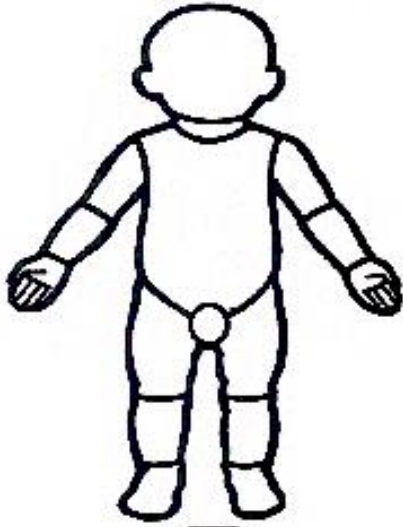
2nd Floor 167-169 Great Portland Street,

London, W1W 5PF

Tel: 020 3289 6420

Indicate clearly where the injury was seen and attach this to the Recording Form

Young Child



Indicate clearly where the injury was seen and attach this to the Recording Form

Older Child

