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**Reporting a Concern Form**

For completion by staff or volunteers when they become aware of child welfare concerns in accordance with government guidance and the child protection policy. The Designated Safeguarding Lead will monitor concerns and report where appropriate to Children’s Social Care if a child is deemed at risk of significant harm. This information will be disclosed only to those staff who need to know for the purposes of child protection. Concerns should usually be shared with parent/child, unless to do so may place a child/ren at increased risk of harm (if in doubt about this, the DSL should consult with Children’s Social Care). Please write legibly and do not use acronyms. Exact words must be used even if they may offend.

**Section 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of alleged incident** |  | **Date/time of disclosure** |  | **Date/time of referral to DSL** |  |
| **Name of child/ren** |  | **Class/Year** |  |  |
| **Name of person making this record** |  | **Role in setting** |  |
| **Signed as a true record** |  | **Date DD/MM/YY** |  |

**Section 2**

|  |  |
| --- | --- |
| Nature of ConcernAttach additional sheet(s) if necessary(include observations as well as professional opinions) |  |
| Body Map Used | Yes |  | No |  |
| Any other relevant information (previous concern, other professionals involved/SEN details etc). |  |
| Current status with social care (please tick & name where known) | None |  | Known to social care |  | Allocated Social Worker |  | Child Protection Plan |  |
| Name of Social Worker if current |  |

***Section 2*** *(For completion by Designated Safeguarding Lead)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Designated Safeguarding Lead reviewing the concern |  | Initial Action Taken |  | Date:Time: |
| Further action taken (Please also record whether concerns were shared with: * Parents/carers
* MASH

And reason(s) why: |  | Date:Time: |
| Final Outcome |  | Date: |
| Feedback given to member of staff sharing with DSL? | **Please tick** | Staff member satisfied with actions? | **Please tick** | Date: |
| **Body Map** |
| Date Concern Noted |  | Date/Time of Report |  |
| Name of Child/ren |  | Class |  |
| Name of person making this record (please print) |  | Role in setting |  |
| Signed as a true record |  | Date DD/MM/YY |  |

N.B. Under no circumstances should a member of staff ask a child to remove clothing to see a suspected injury. If a child has described where an injury is, or it is clearly visible without needing to remove outer clothing, please indicate below

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