**CHILD PROTECTION CONCERN FORM - Initial report form for disclosure/allegations of abuse**

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| Name of person noting concern: | Date (reference): |
| Please circle:  Volunteer                               Staff Member                          Manager         Other | |
| Name of child (if known): | |
| Age (if known): | |
| Address and telephone number (if known):                                                                            **STAFF ONLY** | |
| Name of parent/carers (if known): | |
| Name of other siblings (if known): | |
| Any special circumstances relating to the child (e.g. special needs, health and welfare issues): | |
| What is the nature of the concern? (Please circle)    Disclosure                        Incident                                Signs or Indicators                  Other | |
| If a child has disclosed abuse,  Date:                                                              Name(s):  Time: | |
| Details of the concern.  If a child has disclosed abuse, record as quickly as possible what the child said. Remember that this should be as accurate as possible | |

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| Who else was present at the time of disclosure/incident/initial concern? |
| If known, record the name(s) of the person or persons implicated in the abuse. |
| Date and time discussed with development worker (if relevant)  Date:                                                       Name(s):  Time: |
| Date and time discussed with manager  Date:                                                      Name(s):  Time: |
| Date and time referral to social work or police  Date:                                                     Name (of caller):  Time:                                                    Name (of SS or police): |
| Advice given from social services or police |
| What advice was given about liaising with the child’s parent/carers? |

Concerned Person Signed                                                         Name (print):

Date

Development Worker Signed                                                         Name (print):

Date

Manager Signed                                                         Name (print):

Date

This form must be kept in a confidential file. Information given in this form must only be disclosed to relevant persons on a need to know basis.

C:\Users\Kristen Fraley\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\69D4AC65.tmpAdditional paper attached (number of pages)