SAFEGUARDING CONCERN FORM

(Any person can complete this form)

This form must be completed and submitted on every occasion where there is a Safeguarding concern. Please complete the form a fully as possible. Form to be sent to Regional Safeguarding Team when completed.

Your details

Name:			
Role/Position:			
Tel:			
E-mail:			
Church			
Circuit/District:			
Date:		Time:	

Details of the person you are worried about or who might be being harmed

Name:			
Address:			
	Postcode :		
Tel:			
E-mail:			
Date of birth if known or approximate age.		Child or Adult:	
Role (if applicable):			
Church/Circuit:			

If the person you are worried about is a child or vulnerable adult, it would be helpful if you could give some details about their carer.

Parent/Guardian/Carer

Name:		
Address:		
	Postcode:	
Tel:		
E-mail:		

Details of the person who may be causing harm

Name:	

Address:				
	Postcode :			
Tel:				
E-mail:				
Date of birth if known or approximate age.			Child or Adult:	
Role (if applicable):				
Church/Circuit:				

Please tell us what you are worried about, when this happened and where:

Could you tell us what action has already been taken (if any)? Please include the reasons for actions or decisions taken.

Please let us know of any other information you think would be helpful for us to know:

Please use this space to keep a running log of this concern and resend to the Regional Officer for Safeguarding as needed.

Additional Information.			
Any Police/Social Services actions you are aware of and any advice received so far.			
Has the person been suspended?		Date issues first reported locally	
Has pastoral support been offered to all involved?		Has a privacy notice been issued?	

Helpful contact Details.

Contact Details *(name and contact numbers)*				
Contact	Name	Contact Number	Email address	Location
Police				
Social Services				
LADO				

PLEASE NOTE:

We may need to share the information you have provided with other agencies to help ensure the person you are referring and others are safe. If the information is passed on to the statutory authorities your name may be disclosed to the person you are referring.

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Thank you for completing this form.