



Recording Form for Safeguarding Concerns

Name of person making disclosure	Date of birth	Your name and role in the church
Nature of Concern/Disclosure		
[Remember to only record factual information. DO NOT add your own opinion]		
Was there an injury? Yes / No		Did you see it? Yes / No
If yes; describe the injury:		
Have you filled in a body map to show where the injury is and its approximate size? Yes / No		

(recording Form for Safeguarding Concerns continued)

Is the concern about sexual abuse? Yes / No

If yes, what are the indicators?

Was anyone else with you? Yes / No

If yes, who?

Where were you?

Has this happened before? Yes / No

Did you report the previous incident? Yes / No

To whom and on what date:

Whom are you passing this information on to?

Name:

Date:

Time:

Your Signature:

Date:

Print Name:

