

Logging a concern about a child's safety and welfare

(NB **All** concerns must be recorded but a Designated Safeguarding Lead must be informed **immediately** about **all** disclosures by a child of abuse and **any** situation where a child may be at immediate risk of harm at the end of their school day – this form should then be filled in and passed to the DSL as soon as possible after the DSL has been informed)

Pupil's Name:	Date of Birth:	Year Group:	Form:
Date:	Time (of writing this record):		
Name of person completing this form (please print): Job Title: Signature:			
Reason(s) for recording the incident/concern (headline):			
Record the following factually: <u>When</u> (date & time of incident or concern arising)? <u>Where</u> did your concerns arise? <u>Who else</u> - were any other children or staff present? <u>What</u> exactly did you see/hear/smell that raised your concern? N.B. Please record any direct disclosures/statements/comments using the child or adult's exact words in quotation marks.			
NB if additional pages are used, these must be attached securely to this form			
Professional opinion: Your professional opinions, impressions and worries are important. Facts should be recorded in the box above but please record your opinions, impressions and worries here and state what has led you to form them (e.g. something you have noticed, feel or suspect).			
Action taken, including names of everyone spoken to about the incident/concern:			
Name of Designated Safeguarding Lead this form was passed to:			
Date and time incident/concern was shared with Designated Safeguarding Lead:			

Please check to make sure your report is clear; and will be clear to someone else reading it next year

NOW PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD FOR COMPLETION OVERLEAF (NB by end of working day at latest if child is not at immediate risk of harm)

(Following sections to be completed by Designated Safeguarding Lead)

Time & date information received by DSL and from whom	
Any advice sought by DSL (date, time, name, role, organisation & advice given)	
DSL's analysis of presenting issues/concerns and advice received	
Action taken (referral to or consultation with MASH or local Children's Services team/ monitoring advice given to appropriate staff/ Early Help etc.) If decision not to refer, state reason. Note time/date/names/ who information shared with and when etc.	
Outcome (include names of individuals/agencies who have given you information regarding outcome of any referral (if made))	
Parents informed Yes/no – reasons if no	
Where can additional information regarding child/ incident be found? (e.g. pupil file, serious incident book)	
Signed	
Printed Name	
Date	

Date/time/how member of staff submitting this form received feedback about action taken from DSL (please circle below as appropriate)	Date:	Time:
Face to face	Phone call	e mail (copy retained)
Signature of reporting M of S	Signature of reporting M of S	