

Safeguarding Initial Report Form

This form is to be completed for any safeguarding concern that would suggest a child/young person (0-18years) may be in need of safeguarding support services, and/or their family members who may be on need of care and support. This form is also used for allegations against members of staff, Inc. bullying and in cases of physical intervention, prevent, FGM or domestic abuse.

This section is to be completed by the person identifying the concern

Time and date of incident/concern arising	
Detail of child /staff member who is subject to concern	Name: Address: D.O.B Other relevant detail:
Others involved	
Details of incident and brief statement of concern.	
Immediate action taken/needed	
Completed by: _____ Date: _____	

If not DSL completing this section date passed to the DSL –date

Injury details if applicable

Details of child/young person who is the subject of concern;

Name:

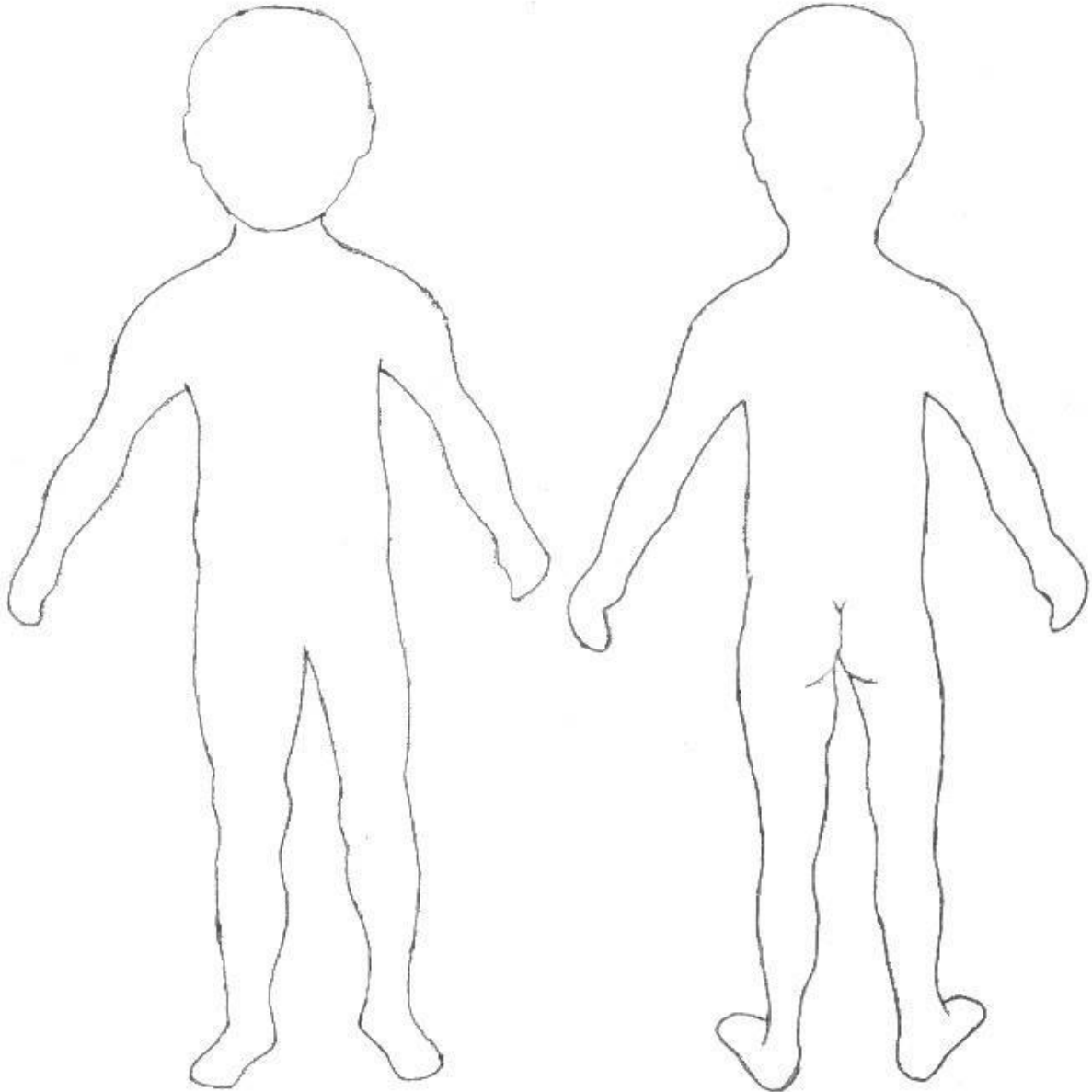
D.O.B:

Time and Date of incident/concern arising:

Draw area of injury/injuries on body map below.

FRONT

BACK



Details of injury:

To be completed by the DSL

Analysis of concern (what are the short term/long term implications to the child of this concern?)

Action to be taken as a result of concern

(to include immediate actions)

Follow up action

Safeguarding referral (see below)

Monitoring (commence or continue significant event chronology)

Early Help Assessment (EHA) required?

Feedback given to person raising the concern within 3 working days: **Yes** **No**

If not why not and when will this happen?

A copy of this form should always be kept on the individuals file.

Signature of person completing form:

Name in full:

Date and time:

Safeguarding Referral

To be completed **only** if a referral has been made to Social Care Department

Date and time of referral:

Social care department office (include address and telephone number:

Name of Designated Officer in Social Care dept. who took the referral:

Summary of outcome of referral. If no outcome has been agreed with social care department within 3 working days of the referral re-contact them.

(include below what has been agreed in respect of action, contacting parents, involvement of child, timescales)

Has the referral been followed up in writing (this must be within 48 hours) Yes No
If no, please give reasons

Have all appropriate staff been informed of the referral and its implications Yes No
If yes, indicate who has been informed:

If no, please give reasons:

Signature of person making this statement:

Name in full:

date and time: