**CHILD PROTECTION RECORD – Report of a Concern**

|  |  |
| --- | --- |
| **Date of record:** |  |
| **Date of incident:** |  |
| **Name and role of referrer:** |  |
| **Child name:** |  |
| **Group / class, if applicable:** |  |
| **Details of concern:**   * *use body map if appropriate (with advice of Lead Practitioner)* * *use initials for other children involved, unless there is a specific need to name them in full* * *contemporaneous notes, if taken, may be attached to this form* |  |
| **Reported to:** |  |
| **Role of person reported to:** |  |
| **Signed:** |  |
| **Action taken:** |  |
| **Advice sought:**  **(from whom and what advice was given)** |  |
| **Concern / referral discussed with parent / carer?**  ***If not, state reasons why – if yes, note discussion with parent*** |  |
| **Referral made:**  ***If not, state reasons why – if yes, record to whom and any action agreed*** |  |
| **Feedback to referring member of staff and by whom:** |  |
| **Response to / action taken with child and by whom:** |  |
| **Name and contact number of key workers:** |  |

|  |  |
| --- | --- |
| **Name and contact details of GP:** |  |
| **Other notes / information / concerns:** |  |
| **Any other action required:** |  |