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

|  |  |
| --- | --- |
| **Date of record:** |  |
| **Date of incident:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer:** |  | **Role of referrer:** |  |
| **Child name:** |  | **Year Group / class:** |  |
| **Details of concern:** | * *use body map if appropriate (with advice of Designated Lead)* * *use initials for other children / young people 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 was advice 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:** |  | | ***By whom*** |
| **Response to / action taken with pupil:** |  | | ***By whom*** |
| **Name and contact number of key workers:** |  |  |  |
| **Name and contact details of GP:** |  | | |
| **Other notes / information / concerns:**  **Any other action required:** |  | | |