Appendix G: Concerns about a child form	

Child's full name:	Date of birth:	
Provider name:	Provision room or named area:	
Concern identified by:	Role:	
Date of concern:	Time of concern:	
Place of incident:	Witnesses:	
Name of alleged child	Position of alleged	
or person responsible	child or persons e.g.,	
for the harm or	family member,	
potential harm	member of staff, child	
	in provision, senior	
	member of staff,	
	volunteer, not known,	
	other:	
- 1	1	
Concern Incident or Disclosure: Why ar	re you concerned about this child? What have you observe	hac h

Concern, Incident or Disclosure: Why are you concerned about this child? What have you observed and when? What have you been told and when?

Please provide a description of any incidents or anything you see or have been told by a child, or another person. Record any visible injuries or ask the child or young person to point to where else it is sore or hurts. Do not remove or lift clothing for the purpose of the examination unless the injury site is freely available because of treatment. Do not take photos of injuries. If photos of injuries are required for evidence purposes, then this should be done by the police.

Remember to make clear what is fact and what is hearsay and opinion. Note the language and terminology used by the child, or adult, and be clear about who has said what.

Continue onto a separate sheet as necessary.

Appendix G: Concerns about a child form continued:

Date and Name of person concerns reported to
Action to be taken and recommendations from designated safeguarding lead
Action to be taken and recommendations from designated safeguarding lead
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Action to be taken and recommendations from designated safeguarding lead
Action to be taken and recommendations from designated safeguarding lead Name of person completing form: