

 **DISCLOSURE/ RECORD OF CONCERN**

**CONFIDENTIAL**

|  |  |
| --- | --- |
|  Name of child/Vulnerable adult |  |
| Date of Birth (if child) |  |
| Address and Local authority (child) |  |
| Name of group (child) or context |  |
| Is this: A disclosure (this needs immediate action- report to Parish Safeguarding officer or their deputy)A record of concern (needs to be reported to someone on the Safeguarding team) |
| Nature of disclosure/ incident | Sexual/physical/emotional/neglect/domestic violence/other |
| Nature of concern: | Sexual/physical/emotional/neglect/domestic violence/other |
| Name of adult reporting: |  |
| Date and time of disclosure. |  |

Please state below ( facts please) what was said by the child/ adult in as much detail as possible and in which context (Complete overleaf if necessary)

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| --- |
| Signed………………………………………………….................... Dated…………………………………. |

For the Parish Safeguarding officer/ Safeguarding team

Parent/ Next of kin informed (if not the subject of the disclosure) ❒ Comments…………………………………………

Referral made ❒ Comments………………………………………..

Further action taken ❒ Comments…………………………………………

Signed………………………… Dated……………………………………………….



If the child/adult has reported an injury, please use the body maps to indicate where the injury is evident or where the child/adult says they have been hurt.