**Safeguarding Recording Form**

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| **Please fill in as much information below as you can and them email it marked ‘confidential’ to the Safeguarding Co Ordinator, Sarah Jackson – sarahjackson6521@gmail.com.** | |
| Full name of person concerned |  |
| Details of person filling in this form:   * Name |  |
| * Address (including postcode) |  |
| * Email address: |  |
| * Telephone Number: |  |
| * Date of birth: |  |
| Date and time of incident |  |
| Location of incident |  |
| Other people present (witnesses) |  |
| **Record of incident (continue on a separate sheet if necessary)** | |
| Please ensure you are as accurate and detailed as possible.  Use quotes wherever possible –  do not interpret what was said using your own words.  Include details such as tone of voice, facial expressions and body language.  Record what you said as well as what the child, young person or adult said.  If you have formed an opinion please state it, making it clear that it is your opinion, and give reasons for forming that opinion. | **Signed: Date:**  *Please use the back if more space is required. Sign both sides if used.* |

**Safeguarding Incident Recording Form Page 2**

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| **Record of incident (continued)** |
| **Name: Signed: Date:**  *Please sign the other side as well.* |

**Safeguarding Recording Form - Follow Up Page**

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| **Who has been spoken to about the incident? *To filled in by the Youth & Children’s Work Coordinator  and/or the Safeguarding Coordinator*** | | | | |
| *Position/Organisation* | *Name* | *Email* | *Telephone Number* | *Date spoken to on* |
| **Church Safeguarding**  **Coordinator** | **Sarah Jackson** | **sarahjackson6521@gmail.com** | **0151 632 4936** |  |
| **Synod Safeguarding Officer** |  |  |  |  |
| **Children’s Services** |  |  |  |  |
| **Adult Services** |  |  |  |  |
| **Police** |  |  |  |  |
| **NSPCC** |  |  |  |  |
| **Parent/Carer** |  |  |  |  |
| Other (please state  role and organisation) |  |  |  |  |
| **Feedback and follow up actions (continue on a separate sheet if necessary)** | | | |  |
|  | | | |  |

Name: *(person who completed this form)*

Position held in the church:

Signed: Date: