



Safeguarding Concern Form

Once this form is completed, hand it directly to a member of the Core Safeguarding Team without delay.
Do not discuss concerns with anyone else, including the child's family

Child's Details

Name of child:	Form:
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Fill in the section below if applicable because the child does not speak English or is hearing impaired

Ethnicity:	Home language:	Additional needs:
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Preferred mode of communication:	Signer needed: Yes/No Name: BSL (British Sign Language) SSE (Sign Supported English)	Deaf relay present: Yes/No Name:
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Name:	Your position:	Date/time of incident:
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Please provide details of the incident or concerns you have, including times, dates, description of any injuries, and the child's exact words (where applicable)

If physical injury is reported, draw a sketch of visible marks, showing their size and position
(Please attach extra sheets securely)



To be completed by a member of the School Safeguarding team

Has the situation been discussed with the designated safeguarding lead?
Yes/No (delete as appropriate) If so, please summarise the discussion:

**Have you informed any external organisations? (eg Children's Social Care, the police, Families First etc)
If so give details of the following:**

Date and time:

Name and phone number of the person you spoke to:

Action agreed:

Please give any other details of the steps taken to provide support to child, including contacting parent/carer

Date recorded on CPOMS:

Future actions (where applicable)

Please physically hand this form to one of the Safeguarding Team