

Recording and Reporting Incident Form for Safeguarding Children and Young People



Fill out this form to the best of your ability, if information requested is not known, please say so.
As soon as form is completed, send securely to the DSL.

If you believe a child is at immediate risk of harm please dial 999 and ask for the Police.

Child/Young Persons Details

Name	Date of Birth	School or Nursery attends
Ethnicity	Language	Religion
Disability/Special Needs	GP	Gender

Child/Young Person Current Address

Address	Postcode	Telephone Number
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Family/Household Composition (Parents/Carers/Others)

Name	DoB	Relationship to child	Ethnicity	Language	Household Member	Parental Responsibility (if known)

Other Agency/Professionals/ GP involved with Child or Family

Name	Agency	Role	Contact Details

Reason for Concern you must state the nature of the Incident and or concern and perceived risk in as much detail as possible regarding:

What are you worried about?

Nature of Incident if any – please complete this in detail

If nothing changes what would the impact be on the child/young person?

Details of Person Completing Form

Name of person	Role at Friendship Cafe/City Farm	Contact Details include contact number and email

Date

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE DSL

What would you like to achieve for this child/young person? Please keep in mind the changes and outcomes you think are needed.

Is the parent/carer aware of your concern for this child/young person?

Has the parent/carer given consent for a referral to be made to Children's Helpdesk?

IF THE ANSWER IS NO TO THE ABOVE, PLEASE RECORD CLEARLY THE REASON

ACTION AGREED AND TAKEN:

Advice sought from the MASH?

Referral made to children's helpdesk? childrenshelpdesk@gloucestershire.gov.uk

Signature

Date

Debrief arranged with member of staff?

Date/time

If no, rationale to be recorded: