SAFEGUARDING FORM

Important notes:

* This form is for use when child abuse is suspected or disclosed.
* It is for information known before an investigation commences. Do not ask investigative questions in order to complete this form. Rely purely on the information given or witnessed.
* It is for the use of the person reporting the allegation/suspicion of abuse and the appropriate line manager to whom the information has been reported.

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| Child/Young Person’s Details |
| Name: |
| Date of Birth: |
| Address: |
| G.P. (name and surgery): |

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| Alerter Details (i.e. Person who brings the concern to the attention of your service) |
| Name: |
| Relationship to Service User: |
| Job Title and Agency: |
| Address:  Contact Number: |

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| Details of Abuse alleged |
| Type of Abuse:  ⬜ Physical  ⬜ Emotional  ⬜ Sexual  ⬜ Neglect  Time Span/ Frequency:  ⬜ Within last 48 hrs  ⬜ Within last week  ⬜ Within last month  ⬜ 1-6 months  ⬜ 6 months – 1 year  ⬜ Between 1-5 years ago  ⬜ Over 5 years ago  ⬜ Not Known  ⬜ Once only  ⬜ Between 2 & 5 times  ⬜ Between 6 & 10 times  ⬜ More than 10 times  ⬜ Ongoing  ⬜ Not Known  Body Map:  Please mark on these body maps any bruising/friction marks, burns etc that the alerter may have seen. In addition, please describe the injuries seen below. |

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| Do you have information on who might be responsible?  ⬜ Yes ⬜ No  Name of person alleged responsible:  Gender of alleged person responsible:  ⬜ Male ⬜ Female  Was the person alleged responsible a stranger?  ⬜ Yes ⬜ No  If not, were they:  ⬜ \*Part of the person’s family or social network?  ⬜ A member of staff?  \*Relationship to service user of person in family or social network:  ⬜ Not known  ⬜ Relative (state) ……………………………………..  ⬜ Friend  ⬜ Community contact (i.e. – neighbour/trades-person)  ⬜ Other service users  ⬜ Other (state) ………………………………………  Does the alleged perpetrator know that an allegation has been made against them?  ⬜ Yes ⬜ No ⬜ Don’t Know |

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| Other Relevant Information: |
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**Designated Safeguarding Person:**

Joan Baker,

Tel: 07711 616009

Email:joan@hopehousehaiti.co.uk

Signed: ……………………………………………………

Date: …………………………………………………….

Policy updated 02/06/2020