

1. Appendix B

Record of concern about a child/young person's safety and welfare

Part 1 (for use by any staff – must be handwritten and legible)

Pupil's name:	Date of birth:	Class/Form:
Date & time of incident:	Date & time (of writing):	
Name (print): Job title:		
Signature:		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary. Complete body map if injury/marks seen)</i>		
What is the pupil's perspective?		
Professional opinion, where relevant <i>(how and why might this have happened?)</i>		
Any other relevant information. Previous concerns etc. <i>(distinguish between fact and opinion)</i>		
Note actions, including names of anyone to whom your information was passed and when		

Check to make sure your report is clear to someone else reading it.

Please pass this form to your DSL without delay

Record of concern about a child/young person's safety and welfare

Part 2 (for use by DSL)

Information received by DSL:	Date:	Time completed:	From whom:		
Any advice sought, if applicable	Date:	Time completed:	From: name/organisation:		
	Advice received:				
Action taken with reasons recorded (e.g. MARF completed, monitoring advice given to appropriate staff, CAF etc)	Date:	Time completed:	By whom:		
Outcome	Date:	Time completed:	By whom:		
Parent/carer informed?	Y	Who spoken to:	Date:	Time:	By whom:
	N	Detail reason:			
Is any additional detail held, if so where?					
Prior safeguarding history	No of previous records of concern:				
	Has the child been subject of CAF/Early Help assessment?				
	Currently on CP Plan (CPP) / Child in Need Plan (CiN)				
	Previously on CP Plan (CPP) / Child in Need Plan (CiN)				
	Is child known to other agencies?		Y / N		
Name of DSL:			Signature:		

2. Appendix C

BODYMAP

(This must be completed at time of observation)

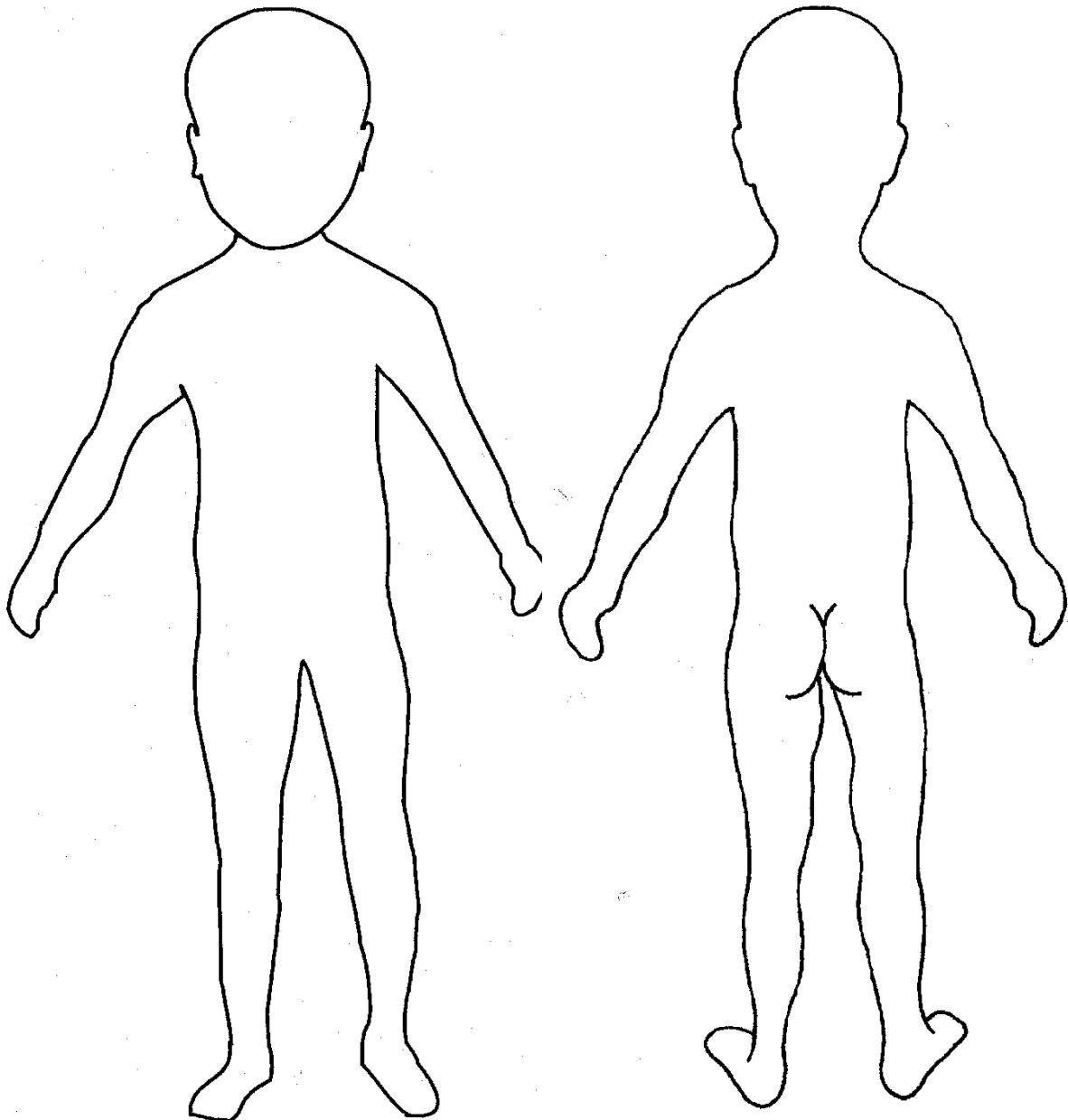
Name of Pupil: _____

Date of
Birth: _____

Name of Staff: _____

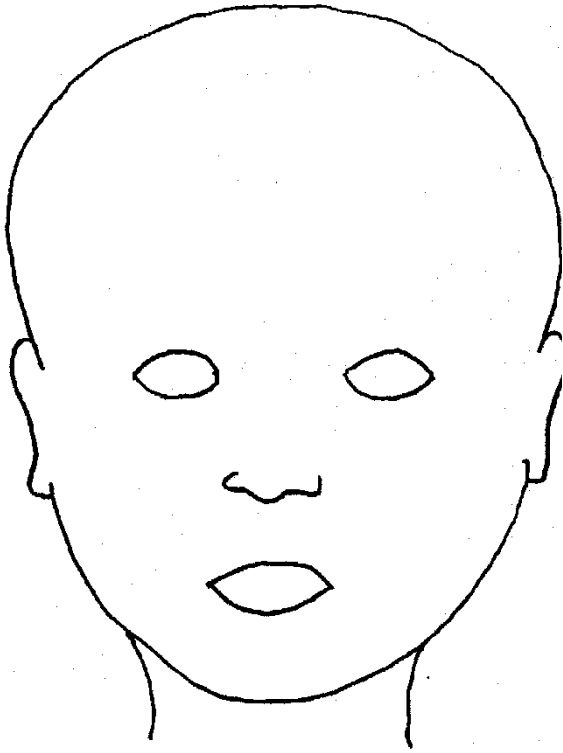
Job title: _____

Date and time of observation: _____

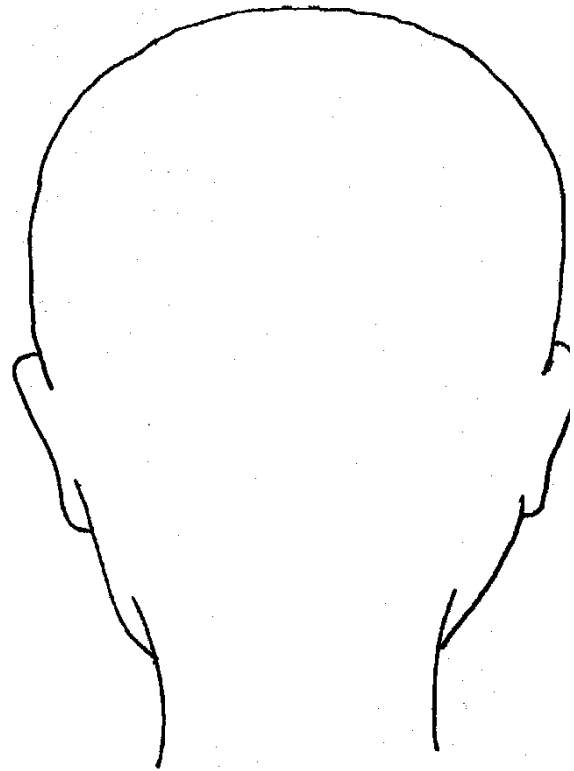


Name of pupil:

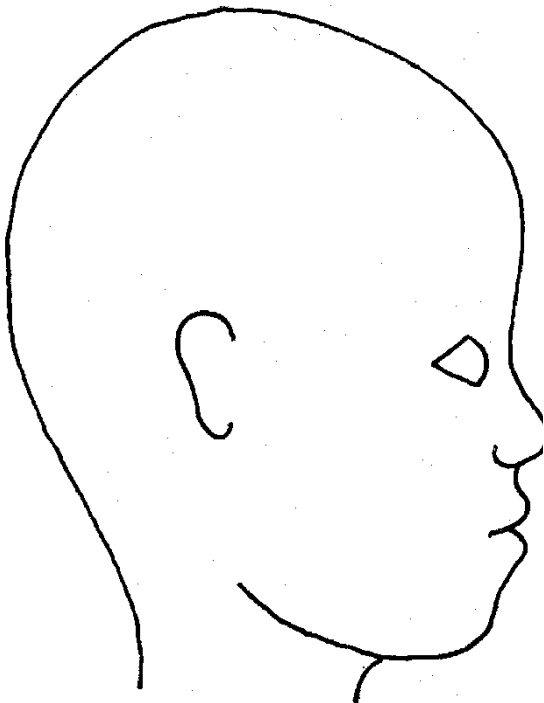
Date and time of
observation:



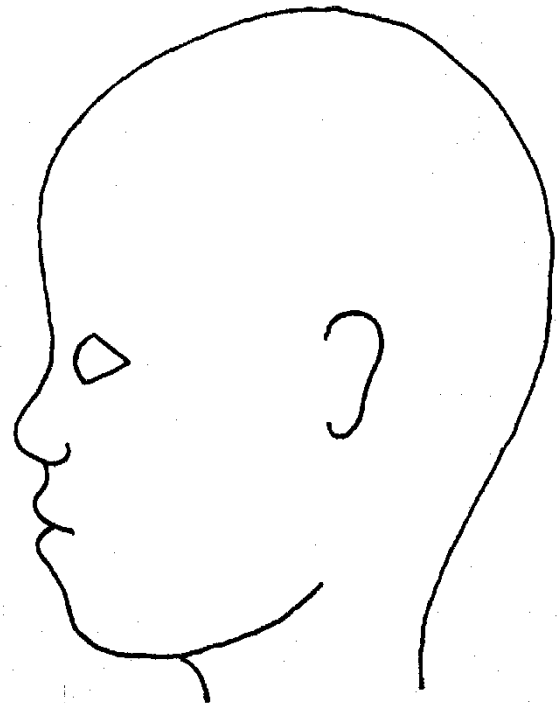
FRONT



BACK



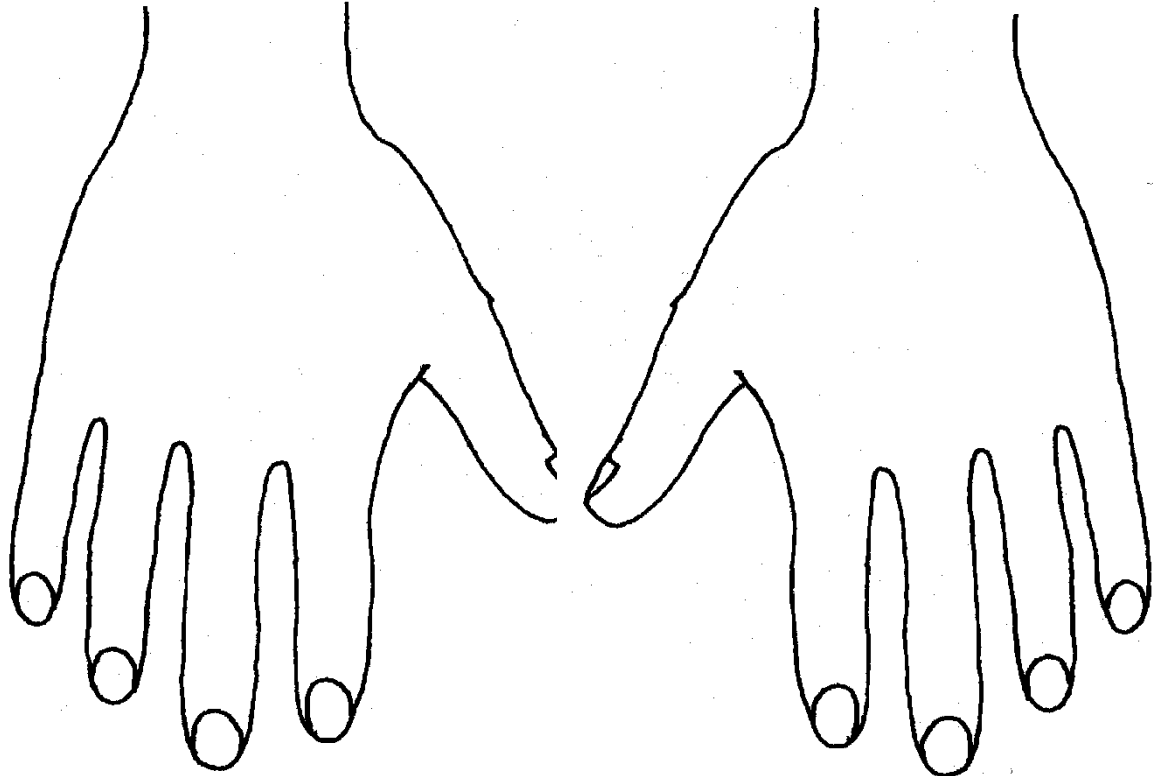
RIGHT



LEFT

Name of pupil:

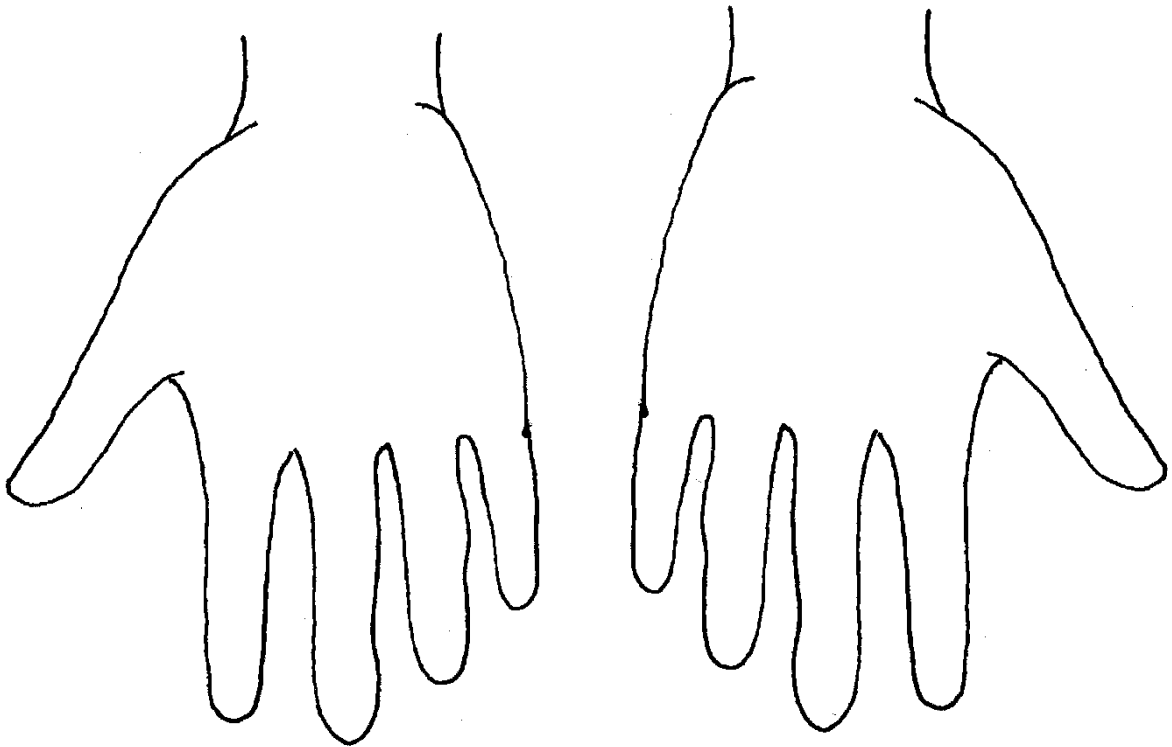
Date and time of
observation:



R

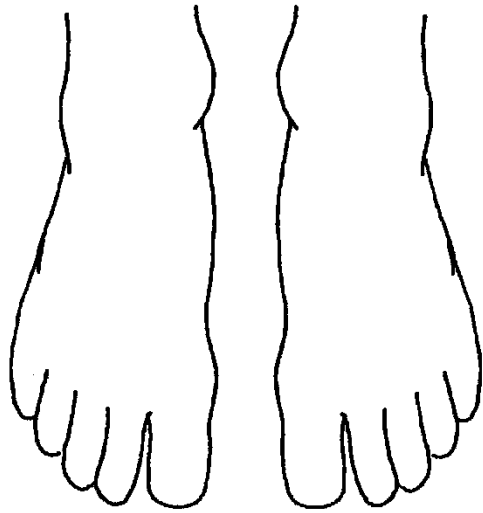
BACK

L

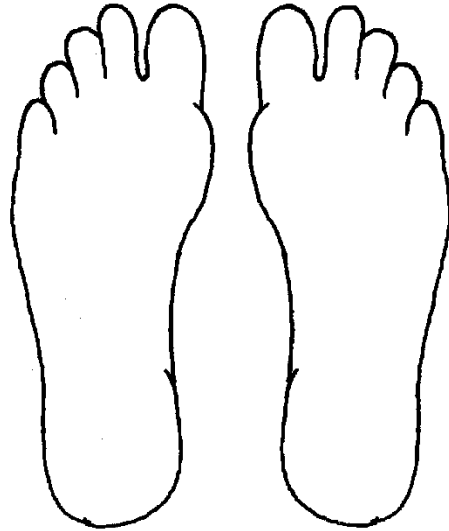


Name of Pupil: _____

Date and time of observation: _____



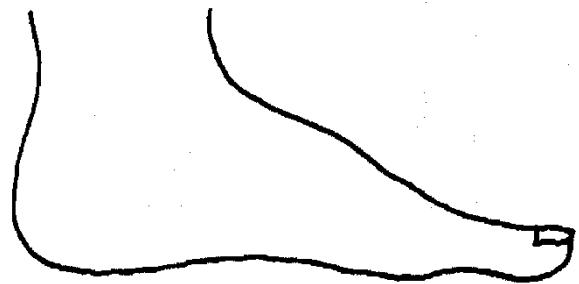
R TOP L



R BOTTOM L



R



L

INNER



R



L

OUTER

Printed Name,
Signature and Job
title of staff:
