**Safeguarding Recording form**

**PLEASE NOTE:** If you are worried about contacting us and giving your details, please be assured that we will do what we can to support you. Please telephone the District Safeguarding Officer and they can talk with you about this. Your District Safeguarding Officer can also help you to complete this form or take details over the telephone.

We can arrange pastoral care for you if you would find this helpful. If you would like this, please contact your District Safeguarding Officer.

This is a model form to let you know the information we need.

Do not wait until you have all the information to complete and send the form. We can gather missing information later.

The case should be referred to the District Safeguarding Officer within 24 hours.

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| **Safeguarding Recording Form** |

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| **Case Subject:** | Name: Date of Birth: Address: Telephone:Mobile:Email:Church:Circuit:  |
| **Case type****(Delete as appropriate)**  | 1. Digital Media
2. Domestic
3. Emotional
4. Financial
5. Neglect
6. Physical
7. Psychological
8. Self-neglect
9. Sexual
10. Spiritual
11. Other
 |
| **Case Start date** |  |
| **Recording form completed by** | Name:Role:Telephone:E-mail:Church:Circuit: |
| **Contact person:****(the person who first raised the issue)** | Name: Church/Agency: Address: Telephone: Mobile:Email:  |
| **Other Contact** | Name: Church/Agency: Address: Telephone: Mobile:Email:  |
| **Other Contact** | Name: Church/Agency: Address: Telephone: Mobile:Email:  |
| **Issue:****(e.g. Nature of concern / risk/ behaviour)** | Try to include the following information:• who was involved – the names of key people, including actual or potential witnesses • what happened – facts not opinions. Use the person’s own words where possible • where it happened – specific location and address • when it happened – date and time • to whom it was referred – including full names and contact details. |
| **Post disclosure contact 1****(Parent/Carer/****church worker/other)** | Name: Relationship to Case subject Address: Telephone: Mobile:Email  |
| **Post disclosure contact 2** | Name: Relationship to Case subject Address: Telephone: Mobile: Email  |
| **Post disclosure contact 3** | Name: Relationship to Case subject Address:Telephone:Mobile:Email |

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| **Whom have you spoken to about your concerns/the disclosure?** |
| Name | Contact details | Role |
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| **Contact details of DSO** |
| **Social Services** |  | Date |
| **Police** |  | Date |
| **Probation** |  | Date |
| **Name / Position / Contact details of persons contacted:** |

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| **Running Log of action taken / by whom** |
| **Date** | **Action** |
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Please send the form, password protected, to: safeguarding@sdmc.org.uk