**Parish of [**Click here to enter text.**]**

# Safeguarding Recording Form - Private and Confidential

This form is to be used within a parish when a concern is raised or disclosure is given. The form should be started and kept up to date by the Parish Safeguarding Officer and kept in a safe and secure location. The form can be typed or written as required.

**Section 4** should be kept up to date to provide a record of activity and actions taken.

If you require advice regarding the use of this form please contact the Diocese Safeguarding Team, Tel: 0117 9060100 ([safeguarding@bristoldiocese.org](mailto:safeguarding@bristoldiocese.org))

Please fill in as many details as possible

## Section 1: Who is this record about?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of the person you are concerned about:** | | | | | |
| Is this person the alleged victim or the alleged perpetrator: | | | | **Victim  Perpetrator** | |
| **Please provide as much information about the person about whom you are concerned.** | | | | | |
| **Subject of concern is an:** | **Adult  Child** | | Gender | | **Female  Male** |
| Surname: |  | | Forenames: | |  |
| **If the person is a child please provide their parent/carers details if known:** | | | | | |
| Surname: |  | | Forename: | |  |
| Address: |  | | Postcode: | |  |
| Telephone number: |  | | Email: | |  |
| Surname: |  | | Forename: | |  |
| Address: |  | | Postcode: | |  |
| Telephone number: |  | | Email: | |  |
| **Have the parents/ carers been notified of this incident?** | | | | | **Yes  No** |
| If **Yes** please provide details of what was said and what if any action has been agreed**:** | |  | | | |
| If **No** please explain why the child’s parents haven’t been informed: | |  | | | |

## Section 2 – What is this record about?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of the disclosure/incident** | | | | | | | | | | | | | | |
| Time and date of disclosure/ incident: | | Time: |  | | | | | | | Date: | | |  |
| **Name and contact details of person making the disclosure/ reporting the incident:** | | | | | | | | | | | | | | |
| Surname: | |  | | | | Forenames: | | | |  | | | | |
| Address: | |  | | | | | | | | Postcode: | | |  | |
| Telephone number: | |  | | | | Email: | | | |  | | | | |
| Location of disclosure/ incident: | |  | | | | | | | | | | | | | |
| **Names of anyone else (witnesses) who was present:** | | | | | | | | | | | | | | |
| Position if any within the Parish/ Church: | | | | |  | | | | | | | | | |
| Surname: | |  | | | | | Forename: | | | |  | | | | |
| Address: | |  | | | | | Postcode: | | | |  | | | | |
| Telephone number: | |  | | | | | Email: | | | |  | | | | |
| **Record of disclosure/incident** (*attach any notes made by others regarding the disclosure/Incident*) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Has a previous referral been made: | YES  NO | | | Name of agencies involved already: | | | |  | | | | | | |
| Have you informed the DSA? | YES  NO | | | Time/Date of Discussion: | | | |  | | | | | | |
| Who else have you spoken to: |  | | | | | | | | | | | | | |
| Your name: |  | | | | | | | | | | | | | |
| Your contact number: |  | | | | | | | | | | | | | |
| Your role: |  | | | | | | | | | | | | | |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | | |  | | |

## Section 3 – Who else has been contacted?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Onward referrals and external agency involvement** | | | | | | | |
| External referral made: | | YES  NO | | | | | |
| Time: |  | | | Date: |  |
| With consent: | | YES  NO  (If No please give reason) | | | | | |
| Referral form sent? | | YES  NO  (Attach a copy of the referral form if used) | | | | | |
| Name of social worker/ police officer/ team: | |  | | | | | |
| Telephone number: | |  | | | | | |
| Outcome of referral to external agency: | | NFA ongoing enquiries  open case | | | | | |
| Other Action taken: | | | | | | | |
|  | | | | | | | |
| Details of support offered: | | | | | | | |
|  | | | | | | | |
| Name of person in the parish dealing with this referral: | |  | | | | | |
| Signed: |  | | | Date: |  | | |

**Section** **4 – What are we doing?**

Use this section to record ongoing actions and notes of any contact with other parties regarding this situation. It is advisable to type the information into the form to aid legibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Details** | **Response/ Action** | **Signed** |
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