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⬜ NeglectTime 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 KnownBody 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 ⬜ NoName of person alleged responsible:Gender of alleged person responsible:⬜ Male ⬜ FemaleWas the person alleged responsible a stranger?⬜ Yes ⬜ NoIf 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: …………………………………………………….

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