# 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. *(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)* |  |
| What is the pupil’s perspective? |  |
| Professional opinion, where relevant *(how and why might this have happened?)* |  |
| Any other relevant information. Previous concerns etc. *(distinguish between fact and opinion)* |  |
| 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: |  |

# Appendix C

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| **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: |  |

|  |  |
| --- | --- |
| BODY-1 | BODY-2 |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of pupil: |  | Date and time of observation: |  |
| HEAD-1 | HEAD-2 |
| **FRONT** | **BACK** |
| HEAD-3 | HEAD-4 |
| **RIGHT** | **LEFT** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of pupil: |  | Date and time of observation: |  |
| HAND-1 | HAND-2 |
| **R** | **L** |
| **BACK** |
| HAND-3 | HAND-4 |
|  |  |
|  |
| Name of Pupil: |  | Date and time of observation: |  |
| FOOT-1 | FOOT-2 |
| **R** | **TOP** | **L** | **R** | **BOTTOM** | **L** |
|  |
| FOOT-3 | FOOT-4 |
| **R** | **L** |
| **INNER** |
| FOOT-5 | FOOT-6 |
| **R** | **L** |
| **OUTER** |
| Printed Name, Signature and Job title of staff: |  |  |  |