



**"Together we explore, discover, achieve and grow: developing outstanding practice"**

Staff, volunteers and regular visitors are required to complete this form and pass it to LOUISE JACKSON if they have a safeguarding concern about a child in our school. Our alternate professional is TRISH COLLEY who should be contacted in Louise's absence.

Full name of child	Date of Birth	Tutor/Form group	Your name and position in school

<b>Nature of concern/disclosure</b>	
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.	
Was there an injury?    Yes / No	Did you see it?    Yes / No
Describe the injury:	
Have you filled in a body plan to show where the injury is and its approximate size? Yes / No	
Was anyone else with you? Who?	
Has this happened before?	Did you report the previous incident?
Who are you passing this information to? Name:	Date:
Position:	Time:
Your signature:	
Date:	

Action taken by SDP

Referred to...?

Attendance Improvement Officer	Police	School Nurse	Children's Services	Integrated Youth Service	Parents	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

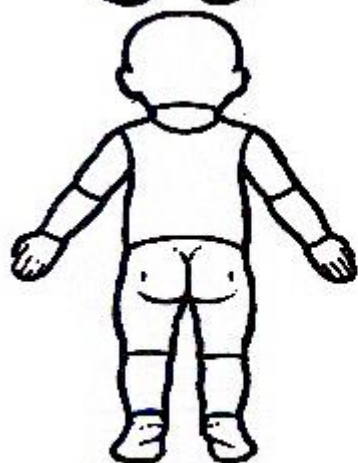
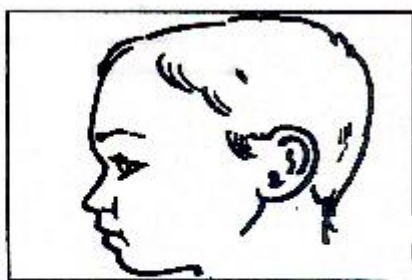
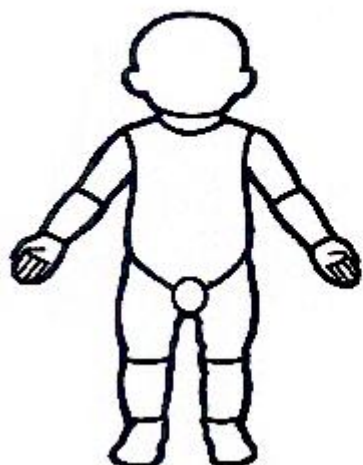
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral team	Tutor	Student	Person who recorded disclosure

Full name:

SDP Signature:

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Young Child



## Older Child

