

Keeping Safeguarding Records of Child Protection and Welfare Concerns

Appendix C

WELFARE CONCERN FORM

To be used to record low level concerns or serious child protection concerns requiring immediate response

| Child's name | | | | | |
|--|---|------------------|--------------------|--------------|-----------|
| Child's date of birth | | | Year gr | oup | |
| Staff member reporting incident | ing | | | · | |
| name and position (| orint name) | | | | |
| Date of incident | | | Time of | | |
| (dd/mm/yyyy) | | | incident | | |
| Details of the incider Note the reasons for recor who, what, when and when If offering a professional of other information, if appropriate | ding the incident. E re. Include names opinion provide conte | of witnesses, if | relevant, and imme | ediate actio | ns taken. |
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| Reporting staff | | | |
|-----------------------------|--|-------------------------|-----------------|
| member's | | Date | |
| signature | | | |
| | e pass this form to your Safeg | uarding Lead | |
| The Safeguarding Lea | | | |
| | ould record their analysis of the impa | | |
| on the child's welfare. | e chronology and current information | relating to this incide | ent or concern |
| | se to the incident/concern | | |
| Note actions planned and to | aken, including names of anyone to | whom the information | n was passed. |
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| Outcomes | | | |
| | tions taken and forward planning, in | cluding plan to review | outcome and |
| impact. | none taken and formare planning, in | ordanig plan to rovion | r datacinia ana |
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| Safeguarding | | | |
|--|--|--------------------------------------|----------------|
| Lead's name | | | |
| Safeguarding | | Date | |
| Lead's signature | | Date | |
| | | | |
| | HEET for additional inform | ation related to the | original |
| Concern | lant or information and | detect exclusio end | nlenning |
| Details of the inclu | lent or information and upo | dated analysis and | planning |
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| | | | |
| Reporting staff | | Date | |
| member's signatur | re | Date | |
| | | | |
| The Safeguarding | Lead | | |
| Analysis and response | Lead onse to the incident/conce | rn | |
| Analysis and response | Lead | rn ne to whom the informat | ion was passed |
| Analysis and response | Lead onse to the incident/conce | rn ne to whom the informat | ion was passed |
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| Analysis and respondence actions planned are | Lead onse to the incident/concend taken, including names of anyo | ne to whom the informat | |
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| Lead's signature | Safeguarding Lead's signature | Date | |
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BODY MAP

| Child's name | Child's date of birth |
|-------------------------------|----------------------------|
| Date of incident (dd/mm/yyyy) | Person completing body map |

Detail size nature and any additional identifying features of injury



