## Safeguarding Record Front Sheet

## SETTING NAME

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child name:** | | | | | |
| **Date of birth:** | | | | | |
| **Any other name by which child is known:** | | | | | |
| **Home address:** | | | | | |
| **Telephone no:** | | | | | |
| **Current address (if different):** | | | | | |
| **Family members i.e. parents / carers / siblings:** | | | | | |
| **Name** | **Relationship** | | **Address** | | **Setting/School details** |
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|  |  | |  | |  |
|  |  | |  | |  |
| **Date file started:** | | | | | |
| **Are records held in setting relating to other connected children?** | | | | | |
| **Other professionals involved:** | | | | | |
| **Name of Professional** | | **Agency Name** | | **Contact Details** | |
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## Chronology Form

## SETTING NAME

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| --- | --- | --- | --- |
| **Child name:** | | | |
| **Date of birth:** | | | |
| **Date:** | **Incident/Event** | **Action Taken** | **Name and Signature** |
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## Safeguarding Incident/ Concern form

## SETTING NAME

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| --- |
| **Child name:** |
| **Any other name by which child is known:** |
| **Date of birth:** |
| **Child’s Key Person:** |
| **Name and position of person completing form:** |
| **Date of incident /concern:** |
| **Incident / concern (who what where when):** |
| **Reasons this has caused concern:** |
| **Any other relevant information, including details of anyone else present:** |
| **Actions taken:** |
| **Signature of staff member:** |
| **Role:** |
| **Date form completed:** |
| **Safeguarding decision and reasons:** |
| **Safeguarding outcome:** |
| **Signature of Safeguarding Lead:** |
| **Date:** |

## Record of Actions/Decisions

## SETTING NAME

**Safeguarding Lead – Detailed records of action/decisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child name:** | | | | |
| **Date of birth:** | | | | |
| **Date:** | **Decision** | **Reasoning** | **Date agreed actions completed** | **Review – is further action required?** |
|  |  |  |  |  |
| **Signature of safeguarding lead:** | | | | |