**Bound Book**

**Reference Number:**

|  |  |
| --- | --- |
| **Notice of Concern / Incident Form** | *Insert School Logo**School name* |
| Child’s Name: | Class: |
| Date of incident: | Time of incident: |
| This form must be completed, signed and dated by any member of staff who identifies a possible child protection or safeguarding concern:* All child protection concerns must be reported immediately to the designated Safeguarding Lead.
* Record the facts and do not make judgements. Record dates, times, places, actual words, what was observed, who was present and questions asked.
* Any concerns about staff should be reported directly to the Head Teacher/Head of Service.
* Concerns about the Head Teacher should be reported to the Chair of Governors/Proprietor
 |
| **Details of Concern/Incident:**http://childabusemd.com/images/body-diagrams.gif |
| **Immediate Actions by staff:** |
| Signed:Print: | Date: |
| **Action taken by Designated Safeguarding Lead:** based on Bond T, (2000) 223-236* Brief summary of concern:
* Which agency is needs to lead on this issue: School/Children’s Social Care/ Police/Health/ Other

If School – who will lead on this?* Which guidelines and policies need to be considered:
* Which potential courses of action are open to this concern:
* Which course of action are you going to take:
 |
| **Any other relevant information:** |
| Signed:Print: | Date: |
| * **Evaluate Outcome of actions:**
 |  **Bound Book** **Reference Number:**Linked incidents |
| **Right Services Right Time** |
| [ ]   | Universal |
| [ ]  | Universal+ |
| [ ]  | Additional |
| [ ]  | Complex/Significant |
| [ ]  | Nil Action needed | [ ]  | Incident Record | [ ]  | Early Help  | [ ]  | Health & Safety | [ ]  | Request 4 Support |