



## Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to the Principal if they have a safeguarding concern about a child in Admirals Academy.

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

### Nature of concern/disclosure

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.

Time & date of incident: .....

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? Yes/No

Did you report the previous incident? Yes/No

**Your signature:**

**Time form completed:**

**Date:**

Time form received by DSL:

Action Taken by DSL:

Referred to...?

Attendance  
Improvement  
Officer

Police

School Nursing  
Service

Children's  
Services

Integrated  
Youth Service

Parents

Other

Date:

Time:

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

Feedback given to...?

Pastoral Team

Tutor

Child

Person who recorded disclosure

Further Action Agreed:

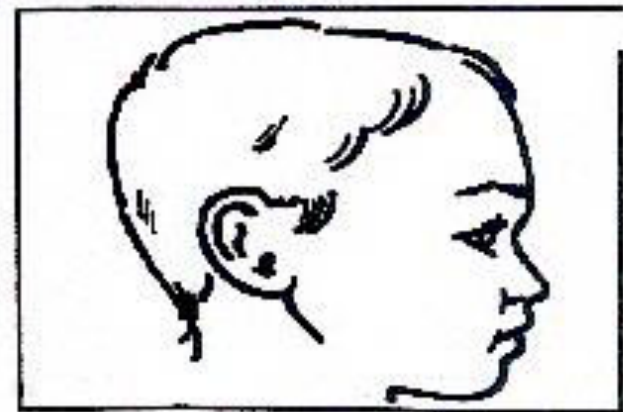
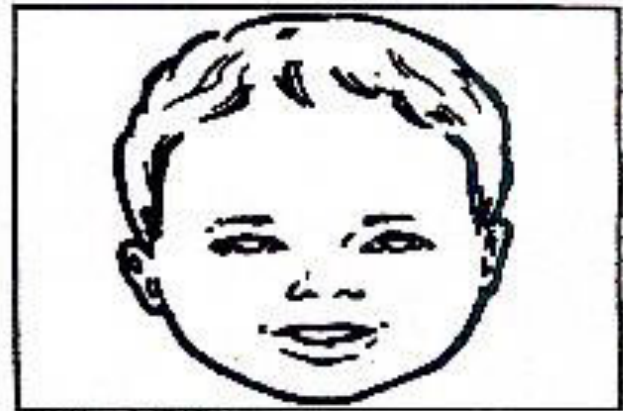
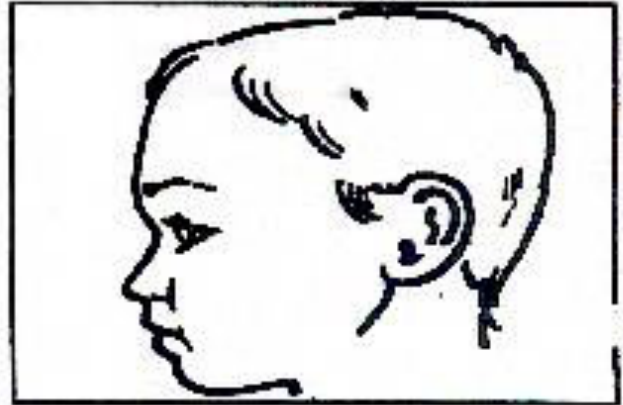
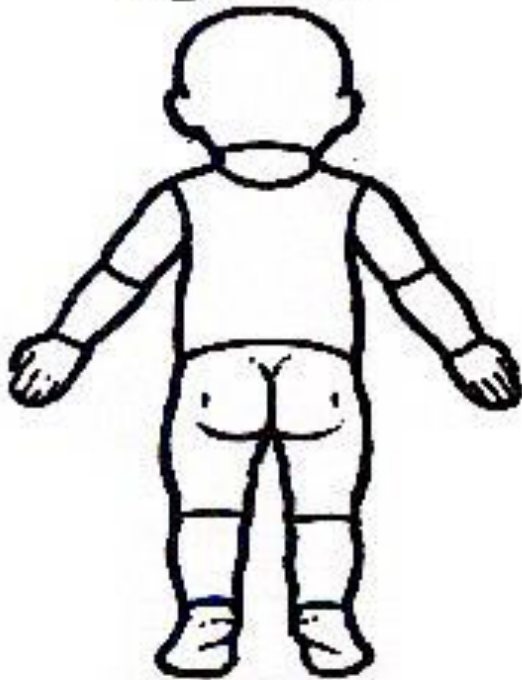
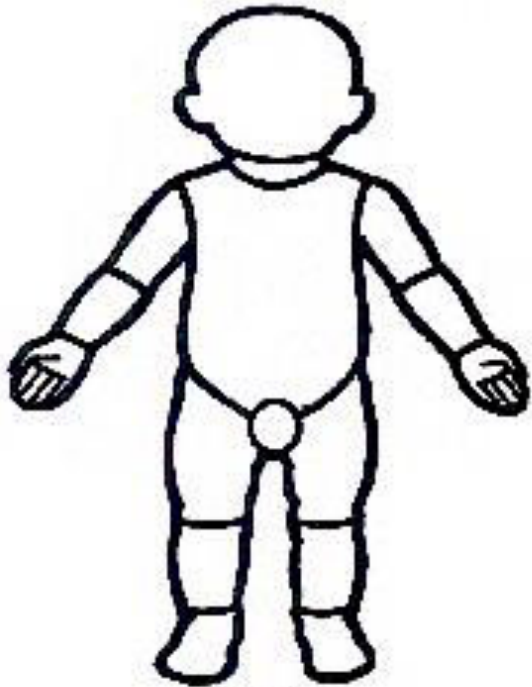
*e.g. School to instigate a Family Support Process, assessment by Children's Services*

SDP Signature: .....

Full name: .....

# Body Map

## Young Child



Older Child

