

Clitheroe URC Safeguarding Recording Form

Please fill in as much information below as you can and then email it marked 'confidential' to the Safeguarding Co Ordinator, Kelly Stewart clitheroeurccourier@gmail.com.

Full name of <u>person</u> concerned	
Details of <u>person</u> filling in this form:	
• Name	
• Address (including postcode)	
• Email address:	
• Telephone Number:	
• Date of birth:	
Date and time of incident	
Location of incident	
Other people present (witnesses)	

Record of incident (continue on a separate sheet if necessary)

<p>Please ensure you are as accurate and detailed as possible.</p> <p>Use quotes wherever possible – do not interpret what was said using your own words.</p> <p>Include details such as tone of voice, facial expressions and body language.</p> <p>Record what you said as well as what the child, young person or adult said.</p> <p>If you have formed an opinion please state it, making it clear that it is your opinion, and give reasons for forming that opinion.</p>	<p>Signed: _____ Date: _____</p> <p><i>Please use the back if more space is required. Sign both sides if used.</i></p>
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Safeguarding Incident Recording Form Page 2

Record of incident (continued)

Name:

Signed:

Date:

Please sign the other side as well.

Safeguarding Recording Form - Follow Up Page

Who has been spoken to about the incident?				
<i>To filled in by the Youth & Children's Work Coordinator and/or the Safeguarding Coordinator</i>				
<i>Position/Organisation</i>	<i>Name</i>	<i>Email</i>	<i>Telephone Number</i>	<i>Date spoken to on</i>
Church Safeguarding Coordinator	Kelly Stewart	clitheroeurccourier@gmail.com	07905 089147	
Synod Safeguarding Officer				
Children's Services				
Adult Services				
Police				
NSPCC				
Parent/Carer				
Other (please state role and organisation)				
Feedback and follow up actions (continue on a separate sheet if necessary)				

Name:

(person who completed this form)

Position held in the church:

Signed:

Date: