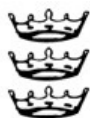


## Appendix 6: Safeguarding Recording Form



Diocese of Bristol



### Safeguarding Recording Form - Private and Confidential

This form is to be used within a parish when a concern is raised or disclosure is given. The form should be started and kept up to date by the Parish Safeguarding Officer and kept in a safe and secure location. The form can be typed or written as required.

**Section 4** should be kept up to date to provide a record of activity and actions taken. If you require advice regarding the use of this form please contact the Diocese Safeguarding Team, Tel: 0117 9060100 ([safeguarding@bristoldiocese.org](mailto:safeguarding@bristoldiocese.org))

Please fill in as many details as possible.

#### Section 1: Who is this record about?

Details of the person you are concerned about:			
Is this person the alleged victim or the alleged perpetrator:		Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/>	
Please provide as much information about the person about whom you are concerned.			
<b>Subject of concern is an:</b>	Adult <input type="checkbox"/>	Child <input type="checkbox"/>	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Surname:		Forename s:	
If the person is a child please provide their parent/carers details if known:			
Surname:		Forename:	
Address:		Postcode:	
Telephone number:		Email:	
Surname:		Forename:	
Address:		Postcode:	
Telephone number:		Email:	
Have the parents/ carers been notified of this incident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> please provide details of what was said and what if any action has been agreed:			
If <b>No</b> please explain why the child's parents haven't been informed:			

Section 2 – What is this record about?

<b>Details of the disclosure/incident</b>			
Time and date of disclosure/ incident:	Time:		Date:
<b>Name and contact details of person making the disclosure/ reporting the incident:</b>			
Surname:		Forenames:	
Address:		Postcode:	
Telephone number:		Email:	
Location of disclosure/ incident:			
<b>Names of anyone else (witnesses) who was present:</b>			
Position if any within the Parish/ Church:			
Surname:		Forename:	
Address:		Postcode:	
Telephone number:		Email:	
<b>Record of disclosure/incident</b> <i>(attach any notes made by others regarding the disclosure/Incident)</i>			
Has a previous referral been made:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of agencies involved already:	
Have you informed the DSA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Time/Date of Discussion:	
Who else have you spoken to:			
Your name:			
Your contact number:			
Your role:			
Signed:	_____	Date:	

Section 3 – Who else has been contacted?

Onward referrals and external agency involvement			
External referral made:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Time:		Date:
With consent:	YES <input type="checkbox"/> NO <input type="checkbox"/> (If No please give reason)		
Referral form sent?	YES <input type="checkbox"/> NO <input type="checkbox"/> (Attach a copy of the referral form if used)		
Name of social worker/ police officer/ team:			
Telephone number:			
Outcome of referral to external agency:	NFA <input type="checkbox"/> ongoing enquiries <input type="checkbox"/> open case <input type="checkbox"/>		
Other Action taken:			
Details of support offered:			
Name of person in the parish dealing with this referral:			
Signed:		Date:	

