



Setting:	Date
Staff member's name:	
Child's name:	DOB
<p>Concern</p> <p>What prompted this record? (Please include dates, times, incidents, behaviours, what the child said)</p> <p>Remember to record any questions that you asked (do not ask leading questions, if you need more fact or detail think of T.E.D "Tell me....." "Explain to me....." "Describe to me.....")</p>	
<p>Background</p> <p>Additional relevant information that relates to the child or family</p>	
Does the concern fall into one of the following categories?	



- | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| Neglect | <input type="checkbox"/> | Sexual Abuse | <input type="checkbox"/> | Physical Abuse | <input type="checkbox"/> |
| Emotional Abuse | <input type="checkbox"/> | CSE | <input type="checkbox"/> | Honour based violence | <input type="checkbox"/> |
| FGM | <input type="checkbox"/> | Forced marriage | <input type="checkbox"/> | Online/sexting | <input type="checkbox"/> |
| Peer on peer | <input type="checkbox"/> | Radicalisation | <input type="checkbox"/> | Domestic abuse | <input type="checkbox"/> |

PRINT _____ PRINT _____
(Member of staff) (Designated member of staff
for children protection)

SIGNED _____ SIGNED _____
(Member of staff) (Designated member of staff
for children protection)

Actions by designated lead:

Outcome: