



Recording Form for Safeguarding Concerns

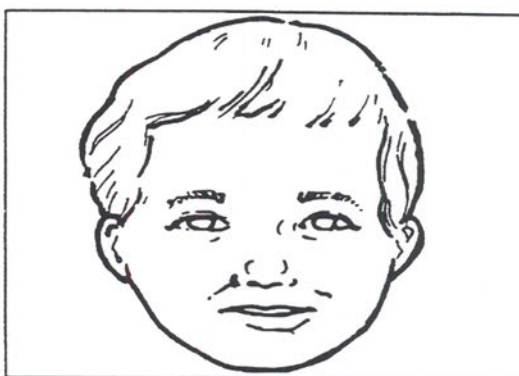
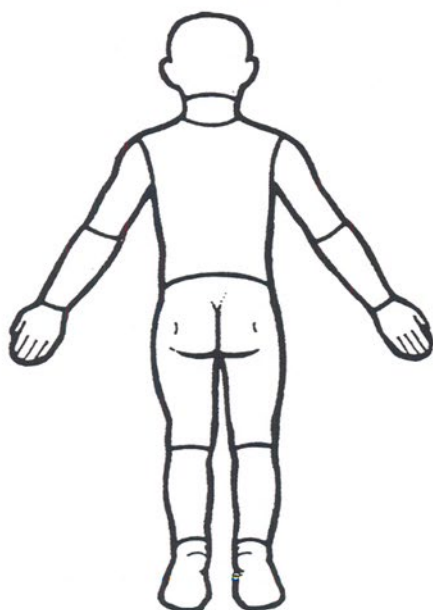
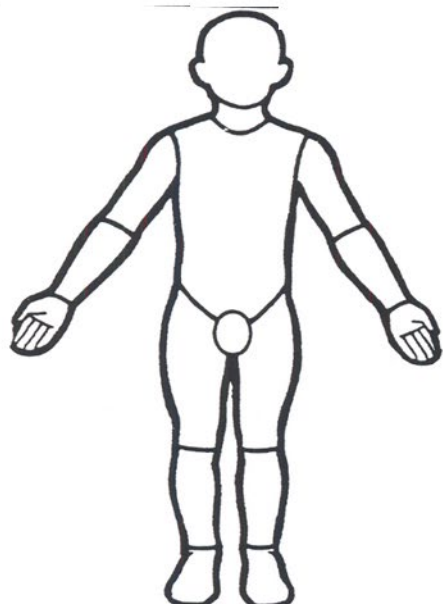
Staff, volunteers and regular visitors are required to complete this form and pass it to safeguarding@phoenixyouthprovision.org.uk , 07561854880 DSL if they have a safeguarding concern, at least by the end of the session, but earlier if possible.

Information Required	Enter Information Here
Full name of young person	
Date of birth	
Group.	
Your name	
<p>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. [Ensure that if there is an injury this is recorded on body map (size, colour and situation.) [Make it clear if you have a raised a concern about a similar issue previously]</p>	
Time & date of incident:	
Name and position of the person you passing this information to?	
Your Signature	
Time and date form completed	

Information Required	Enter Information Here
Time form received by DSL	DSL TAKES OVER FROM HERE
Action Taken by DSL	
Referral made to Early Help	
Referral made to police	
Referral made to Social Care	
Outcome of any referral if known	
Referral Made to Other Agency	
Parents Informed	
If not reason why not.	
Update chronology and consider further action if necessary	
Feedback given to youth team	
Feedback given to parent	
Feedback given to young person	
Feedback given to person who recorded disclosure	
Further Action Agreed	
Full Name of DSL	
Signature of DSL	
Date of Signature	

Body Map

Older Child



Indicate clearly where the injury was seen and attach this to the referral form.