

Wells Federation

Staff, volunteers and regular visitors are required to complete this form and pass it to the Designated Safeguarding Lead or alternative Safeguarding lead if they have a safeguarding concern about a child in our school.

Full name of child	Date of Birth	Class	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. Please continue over page if necessary.	
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?	Did you report the previous incident?
Who are you passing this information to? Name:	
Position:	
Your signature:	
Time:	
Date:	

□

Action taken by DSL

Referred to...?

Attendance
Improvement
Officer

Police

School Nurse

Children's
Services

PSA

Guidance
Adviser

Other

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

Feedback given to...?

Pastoral team

Tutor

Student

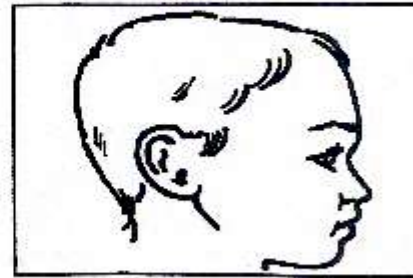
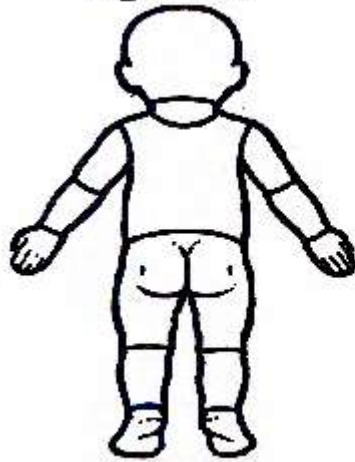
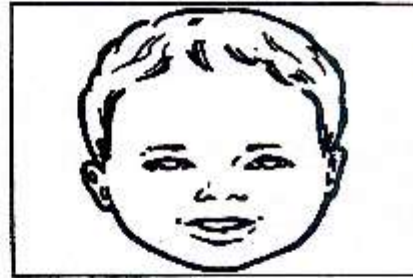
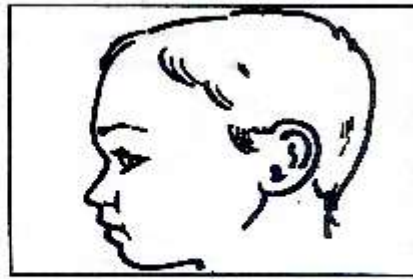
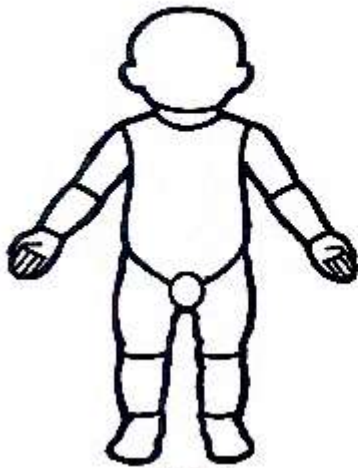
Person who recorded disclosure

Full name:

DSL Signature:

Date:

Young Child



Older Child

