 Highcliffe School

11 – 18 Foundation School and Specialist College

**CONCERN FORM**

**For ALL staff/volunteers logging a concern/disclosure about a young person’s welfare**

***(A serious concern, such as a disclosure of abuse, should be passed on verbally, without delay, so that a referral can be made promptly to Social Care by your Designated Senior Lead for Child Protection. You should then complete this form).***

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| --- |
| **Student’s name: Year Group Date of birth** |
| **Print your name: Signature Date** |
| **Job Title:** |
| **Note the reason (using the outline drawings if appropriate) for recording the incident/concern:**  **(Be factual and include who? What? Where? When? Any witnesses)**  **The DSL will make necessary enquiries** |
| **Offer an opinion where relevant (how and why might this have happened?)** |
| **Note the action you have taken, including names and positions of anyone to whom your information was passed and when**  **(Do not inform parents unless agreed with DSP)** |

**Check to make sure your report is clear now – and will also be clear to someone else reading it next year.**

**Please now pass this completed form to your Designated Senior Lead for Child Protection**

**Designated Senior Lead for Child Protection checklist**

For DSL: A checklist for recording ACTIONS and OUTCOMES following child welfare concerns reported by staff or volunteers. (See CP procedures Appendix 3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s name | Address | | | Dob |
|  |  | | |  |
| Factual account of the incident or information, attached on concern form? | Yes | | No | |
| Opinion (substantiated), if appropriate? | Yes | | No | |
| Names and job titles of any other staff involved: | 1.  2.  3. | | | |
| With whom and when has the information been shared? Give names and job titles:  *(Do not inform parents if there is a disclosure of abuse or concern about significant harm, unless agreed by Social Care.*  *Referrals to Social Care should be followed up in writing using the inter-agency referral form and a school child protection file started)* |  | | | |
| Outcomes:  *(Call Social Care if they have not told you the outcome of a referral within a reasonable time)* |  | | | |
| Chronology started on child’s file?  *(A chronology should be started if there is more than one incident of concern)* | Yes | No | | |
| Where is the information to be filed? Any cross-reference to another file or child?  (Child protection files should be kept separately from the child’s main school file) | | | | |
| DSP Name  …………………………………………………. | Signature  …………………………………………. | | | |