

CHILD PROTECTION RECORDING FORM

Section A - to be completed by staff member who discovers or suspects that a child has been physically, emotionally or sexually abused or neglected.

Your Name:	Your Position:
Child's name and address:	
Parents/carer names and address (if different from above)	
Child's date of birth:	
Date, time and place of any incident or action prompting concerns and any witnesses:	
Your observations:	
What the child said and what you said: <i>(Remember do not lead the child – record actual details. Continue on separate sheet/s if necessary.)</i>	
Signature of the staff member who received the allegation or suspects abuse:	Signature of Chair of Trustees:
Date	Date

PTL Child Protection Recording Form [part of PTL Child Protection Policy, Procedures and Guidelines]

Date adopted: 17/09/2012

Last updated: 14/10/2015

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Section B - to be completed by staff member who discovered or suspects that someone associated with PTL is abusing a child

Your Name:	Your Position:
Child's Name and address:	
Parents/carer names and address (if different from above)	
Child's date of birth:	
Name of the employee who allegation is being made against and position:	
Date, time and place of any incident or action prompting concerns and any witnesses:	
Your observations:	
What the child said and what you said: <i>(Remember do not lead the child – record actual details. Continue on separate sheet/s if necessary.)</i>	
Signature of the staff member who received the allegation or suspects an individual Date	Signature of Chief Executive: Date

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Section C - to be completed by PTL's Child Protection Designated Person, deputy or the Chair of Trustees

Record discussions had about the child or accused staff member:
Record decisions made:
If appropriate, have the parents been informed that contact is going to be made with social services: Yes No <i>NB: parents should always be informed unless to do so could place the child at risk of further harm, please seek advice of this point from social services if you are uncertain.</i>
If you contacted Social Services, please provide: Contact details [name, etc]: Information given: Details of advice received:
If a referral was made to the social services have you followed up in writing within 48 hours? Yes No

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If no, please state why

If you contacted the Local Authority Designated Officer (for allegations against staff only), please provide:

Contact details [name, etc]:

Information given:

Details of advice received:

If a referral was made to the Local Authority Designated Officer have you followed up in writing within 24 hours?

Yes No

If no, please state why

Any other external agencies contacted (*contact details, date and time, information given and advice received*)

Outcomes:

Disciplinary actions:

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Signature:
Name:
Date