



**SEND CARE**

SENDING SPECIALIST CARE FOR YOUNG PEOPLE WITH SEND

# Safeguarding Children Incident and Concern Report form

**Confidential**

To be completed as fully as possible if you have concerns regarding a child and pass the information onto the designated safeguarding officer (DSO). The DSO will then look at the information and start to plan a course of action and if necessary contact the relevant organisations.

Once completed return to [hellosendcare@gmail.com](mailto:hellosendcare@gmail.com) with the subject - **SAFEGUARDING**

**IF YOU THINK A CHILD OR ADULT WITH CARE AND SUPPORT NEEDS IS IN IMMEDIATE DANGER, DIAL 999 AND ASK FOR THE APPROPRIATE EMERGENCY SERVICE**

Section 1. Details of the child	
A child is anyone who has not yet reached their 18th birthday	
Name of child	
Date of birth	
Approx. age if date of birth not known	
Gender	

Section 2. Details of the incident or concern			
Details of the incident or concerns:  <i>Include any relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay, what was said (verbatim if possible) and whether other people were present</i>			
Please indicate the abuse type if known (leave blank if uncertain)			
Domestic abuse		Sexual abuse	
Neglect		Online abuse	

Physical abuse	.	Emotional abuse	
Child sexual exploitation		Female Genital Mutilation	
Bullying and cyberbullying		Child trafficking	
Grooming		Harmful sexual behaviour	

Have you spoken to the child?  
If yes, what was said?

Have you spoken to the parent/carer(s)?  
If yes, what was said?

Are there any other children at risk?  
If yes, add details and describe the risks that remain and action you are taking:

### Section 3. Details of alleged abuser/suspect

Name		Title	
Address			
Postcode	.	Phone	
Relationship to the child?			
If provider, please add the provider's name			
Does the abuser/suspect live with the child?			

### Section 4. Details of person reporting this incident/concern

Name		Title	
Job Role		Email	
Team			
Phone		Date/time referral completed	
Relationship to child (if applicable)			
Are you reporting your own concerns or responding to concerns raised by someone else?			
If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details)			
Does the referrer consent to their details being shared with third parties?			

<b>Section 5. Additional Information</b>
Is there any other information you believe we need to know? Click or tap here to enter text.
Signed:
Date:

<b>OFFICE USE ONLY</b>
<b>Section 6. Sharing the concerns (to be completed by DSO)</b>
Details of contact with social services where the child lives

Click or tap here to enter text.

Details of contact with child's school or any other agencies

Click or tap here to enter text.

Details of the outcome of this concern

Click or tap here to enter text.