

Safeguarding Concern Form

Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding concern and send it to your Church Safeguarding Coordinator (CSC) or Synod Safeguarding Officer (SSO).

Please provide as much detail as you can but don't worry if you can't complete all sections. It is more important to send the form promptly to the CSC or SSO who will then follow it up and obtain

1. What the concern is about

2. Type of concern

If you feel able, please indicate which of these you think apply:

3. Who is involved

Details of person suspected of causing harm/presenting a risk/causing concern:

Name:

Contact details (if available):

Other relevant information about them:

,I WKHUH DUH VSHFL¿F LQGLYLGXDOV ZKR KDYH EHHQ KDUPH
1DPH DJH ZKHUH WKH\ OLYH

'HWDLOV RI RWKHU VLJQL¿FDQW SHRSOH LQYROYHG HJ IDPH

4.

5. Who else knows about the concern

+DYH DQ\ VWDWXWRU\ VHUYLFHV RU RWKHU RUJDQLVDWLRQ
,I\HV SOHDVH JLYH QDPHV DQG FRQWDFW GHWDLOV LI SRV

\$UH WKHUH RWKHU SHRSOH LQ WKH FKXUFK IDPLO\ ZLGHU F

6. Consent for information to be reported

For children:

+DYH SDUHQWV FDUHUV JXDUGLDQV JLYHQ FRQVHQW IRU WK
Y N
,IQRWHDVVRQ IRU QR FRQVHQW

Has the individual given consent for this information to be reported?

,IQRWHDVVRQ IRUHQFRQV

7. Any other relevant information

\$Q\WK LQJ HOVHZ RXXO W KELHQ KHLWS IXO WR H[SODLQ LWDFXGLQJ

8. Your details

Name:

Church role:

6LJQDWXUH

'DWH

Email address:

Phone number:

6DIHJXDUGLQJ 2I¿FH 7KH 8QLWHG 5HIRUPHG &KXUFK 7D