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| Recording Form if there is a Disclosure or Suspicion of Abuse |
| **Information on the Child/Young Person/Adult concerned** |
| Name:Home Address:Telephone numbers – Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ |
| **Details of Disclosure or Suspicion** |
| Date: | Time: |
| Place:Occasion:Nature of Concern: |
| **Actions Already Taken** |
| Have you spoken to anyone else (e.g. leader, clergy)? YES / NO | Date: |
| Outcome: |
| Parish Safeguarding Officer / Diocesan Safeguarding Adviser spoken to? YES / NO |
| Outcome: |
| Your details |
| Name:Role: |
| Signature: | Date: |



*When completed this form should be stored in a confidential file.*