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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.*