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| **DETAILS OF THE PERSON COMPLETING THIS FORM** | | | | |
| Name: | | | | |
| Role: | | | | |
| Parish: | | | | |
| E-mail: Tel/Mobile: | | | | |
| Date and time of completing this form: | | | | |
| Your position or relationship to who your safeguarding concern is about: | | | | |
| If different, the name and contact details of the original alerter in the parish: | | | | |
| **DETAILS OF THE PERSON/S THE SAFEGUARDING CONCERN IS ABOUT** | | | | |
| Please circle as applicable: CHILD/YOUNG PERSON VULNERABLE ADULT CHURCH OFFICER | | | | |
| Name: | | | | |
| Address: (if known) | | | | |
| Telephone number: (if known) | | | | |
| Age/date of birth: (if known) | | | | |
| Details of parent/carer or guardian of alleged victim: | | | | |
| **DETAILS OF THE SAFEGUARDING CONCERN/INCIDENT BEING REPORTED** | | | | |
| Nature of the concern/incident: | | | | |
| Date and time of the incident: | | | | |
| Location of the incident: | | | | |
| What have you seen or heard? *(Make a clear distinction between what is fact, opinion or hearsay)*  Continue on a separate sheet if necessary | | | | |
| Any other relevant information? *(e.g. details of witnesses, concerns about others at risk, etc.)* | | | | |
| **DETAILS OF EXTERNAL AGENCIES CONTACTED/INVOLVED** | | | | |
| Police: Yes/No | | | Date/Time/Name/Contact No. | |
| Social Services: Yes/No | | | Position/Name/ Contact details: | |
| Local Authority: Yes/No | | | Position/Name/ Contact details: | |
| Other: e.g. NSPCC/School Yes/No | | | Position/Name/ Contact details: | |
| **CONSENT** | | | | |
| If concern is about a child, has consent to share been obtained from parent/guardian? (unless implicated) | | Yes/No | | |
| If child is 16 or 17 has consent to share also been obtained from them? | | Yes/No | | |
| If concern is about a vulnerable adult has s/he given consent to share? | | Yes/No | | |
| If consent has not been sought, please detail why? | | | | |
| Signature: Print Name:  Date: | | | | |
| Remember to maintain confidentiality and only share with those who need to know  E-mail form to **safeguarding@portsmouth.anglican.org** | | | | |
| Diocesan Safeguarding Office Use Only | | | | |
| Date Received: | | | | |
| Name of person taking action: | | | | |
| Date | Follow-up actions | | | Sign |
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