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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 knowE-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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