

Taunton Chess Club

RECORDING CONCERNS/ALLEGATIONS OF ABUSE, HARM OR NEGLECT FORM			
To be completed by the person with the concern. Only fill in details that you know - do NOT investigate.			
Date and time of incident/disclosure:	Name of your organization/club/group:		
Name of child:	Date of birth:	Age:	Gender:
Name of parent/guardian of child:	Contact details (if known):		
Are you: a) reporting your own concerns or b) responding to concerns raised by someone else? <i>(delete as appropriate)</i>	Name & role of person raising the concern: Contact details:		
Names and details of anyone alleged to have caused the incident or to be the source of any concerns:	Names and details of anyone who has witnessed the incident or who shares the concerns:		
Please provide details of the incident or concerns you have, including times, dates, description of any injuries:			

<p>Have you spoken to the child's parents/carers? If so, please provide details of what was said. If not, please state the reason for this.</p> <p><i>Please note: concerns should be discussed with the family unless:</i></p> <ol style="list-style-type: none"> <i>The view is that a family might be responsible for abusing the child.</i> <i>Someone may be put in danger by the parents being informed.</i> <i>Informing the family might interfere with a criminal investigation. (If any of these circumstances apply, consult with the local authority children's social care services to decide).</i> 	
<p>Has the situation been discussed with the safeguarding officer? Yes / No (delete as appropriate) If so, please summarize the discussion:</p> <p>After discussion with the safeguarding officer, do you still have child protection concerns? If in doubt you or the safeguarding officer should ring Children's Social Care Services for advice.</p>	
<p>Have you informed the statutory child protection authorities?</p> <p>Police: Yes / No Date and time: Name and phone number of person spoken to:</p> <p>Local authority children's social care services: Yes / No Date and time: Name and phone number of person spoken to:</p> <p>Local authority designated office: Yes / No Date and time: Name and phone number of person spoken to:</p>	<p>Any action agreed with child protection authorities?</p>
<p>Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency</p>	
<p>Where relevant, what has happened since referring to statutory agency/agencies? Include the date and nature of feedback from referral.</p>	
<p>Any further actions undertaken by you or the organization e.g. support to the child or family.</p>	
<p>Name of the person completing the report:</p>	<p>Signature of the person completing the report:</p>