****

**Recognise Record Respond**

**STOPSLEY BAPTIST CHURCH**

**SAFEGUARDING CHILDREN & ADULTS**

▪ RECORDING FORM ▪ REFERRALS TO DPS OR SOCIAL SERVICES ▪

**VERY IMPORTANT: If you consider the concern to be of an urgent nature, action should be taken**

**immediately and this recording form completed afterwards**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Concern** |  |
| **Date of Birth/ Age (if known)** |  | **Name of Parent(if applicable)** |  |
| **Your Name** |  | **Your Job Title** |  |

|  |
| --- |
| **Concern:**Describe the event or observation (see reverse for body map) if the child/person has made a disclosure, record what the child/person said, using their own words on a piece of paper and attach to this form. |
|  |
| **Impact:** Is there any identifiable impact on the child/person, i.e. their physical or emotional wellbeing? |
|  |

**1.**

**2.**

**3.**

|  |
| --- |
| **Now take this form to the Ministry Leader, Designated Person for Safeguarding (DPS) or a Member of the Safeguarding Board.** |

|  |
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| **Discuss the concern with the DPS and agree what actions to take.****They will keep this form on file and add a brief summary of the Concern, Impact etc** |

**4.**

**5.**

|  |
| --- |
| **Agree when and how the actions will be reviewed:** |

|  |  |
| --- | --- |
| **Today’s date (If different from above):** |  |

**PLEASE KEEP THIS FORM SAFE – DO NOT LEAVE IT FOR OTHERS TO SEE**

**Body Map**

If concern is about a mark or injury, circle area of body where marks appear (body map), use Notes box below to describe the mark. **In this type of event, seek advice immediately.**

|  |
| --- |
| Notes |

|  |  |
| --- | --- |
| **For Designated Person Use ONLY** | **When the actions have been completed and reviewed, make a note of the outcomes here:** |
|  |

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Company Number – 7605036

Registered Charity Number – 1150563

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