

Safeguarding Policy - 2021

Nordelph Parish Council

Safeguarding/Cause for Concern Reporting Form – **DESIGNATED OFFICERS** – Parish Council Chairman – Parish Council Clerk

This form is used for reporting both suspicions and disclosures of possible abuse or causes of concern; therefore not all sections may be appropriate. Please complete with as much information as possible, using verbatim reports from people involved where possible. This information will be treated in the strictest confidence.

Subject(s) Details

Name of Subject(s)	
Current Address:	
Postcode	
Telephone Number	
Date(s) of Birth	
Gender of subject(s)	
Does anyone concerned have a disability?	Yes No
If yes, please give details	
Family's First language	
Any communication barriers that need to be considered?	Yes No

If yes, please give details	
<p>What is your reason for contact with the subject? For example, environmental health investigation. ASB dispute, customer services Contact, housing/support visit etc.</p>	
<p>Details of most recent contact (please give your name and role, date, time location, who subject was accompanied by, actions/interventions taken.</p>	
<p>Are you likely to have ongoing contact with the subject(s)? If yes, please give details.</p>	<p>Yes No</p>
<p>What is your concern leading to this referral? Please give as much factual information as possible including the time and date of any incident.</p>	
<p>Is the subject of concern already known to social care?</p> <p>If yes, please give details, including if they are on a Child Protection plan, have been or are a looked after</p>	<p>Yes No Do not know</p>

child in local authority care.	
Are you aware of any of the following within the household?	
Domestic Abuse	Yes No Do not know
Substance Misuse	Yes No Do not know
Disabilities	Yes No Do not know
Learning difficulties	Yes No Do not know
Mental illness	Yes No Do not know
Sexual exploitation	Yes No Do not know

If yes to any of the above please give details.	
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Name	Name	Name	Name
Address	Address	Address	Address
Relationship to	Relationship to	Relationship to	Relationship to

subject	subject	subject	subject
Contact No(s)	Contact No(s)	Contact No(s)	Contact No(s)

Key agencies involved:

Please list in the boxes below the key agencies involved with the Child/Young Person/Family or Adult.

This will include details of a GP, Health Visitor, Midwife, Mental Health worker, Social Care Worker, School/College/Nurse, Offender Manager, Police, other.

Name	Name	Name	Name
Address	Address	Address	Address
Contact Number(s)	Contact Number(s)	Contact Number(s)	Contact Number(s)

Remember; DO NOT discuss this with friends or colleagues.

Arrange to see your Designated Safeguarding Officer urgently, they will initiate appropriate action.