



Godmanchester Baptist Church



SAFEGUARDING INCIDENT FORM

This form should be completed by the Designated Person for Safeguarding

Name of church / organisation	
Contact details of church / organisation	

Name of Designated Person for Safeguarding (DPS)	
Contact details of Designated Person for Safeguarding	

Name of concerned person or to whom disclosure was given	
Contact details of concerned person or whom disclosure was given	

INDIVIDUAL OF CONCERN - CONTACT DETAILS

Name	
Date of birth	
Address	
Phone number / Email address	

THE INCIDENT

What happened? (Nature of concern / disclosure made - use the person's own words if known)

When did it happen? (date, time)

Where did it happen? (specific location)

Who was allegedly involved and in what way? (includes witnesses)

ANY ACTION THAT HAS BEEN TAKEN

Have the carers or parents / guardians been informed? (Please tick)
 If so, when and by whom?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Have the statutory authorities been informed?
 If so, please complete the table:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Example:

Authority	Police				
Name	Bobby				
Position	Child abuse officer				
Email contact	bobby@police.com				
Phone contact	077999				
Contacted by	Minister				
Date & time of contact	1.30pm 1/4/15				

Has the Local Association been informed?
 (Please do so if the statutory authorities are involved)
 If so, when and by whom?
 Any other action taken:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

FUTURE ACTION TO BE TAKEN

What action needs to be taken?

Who is responsible for this?

SIGNATURES

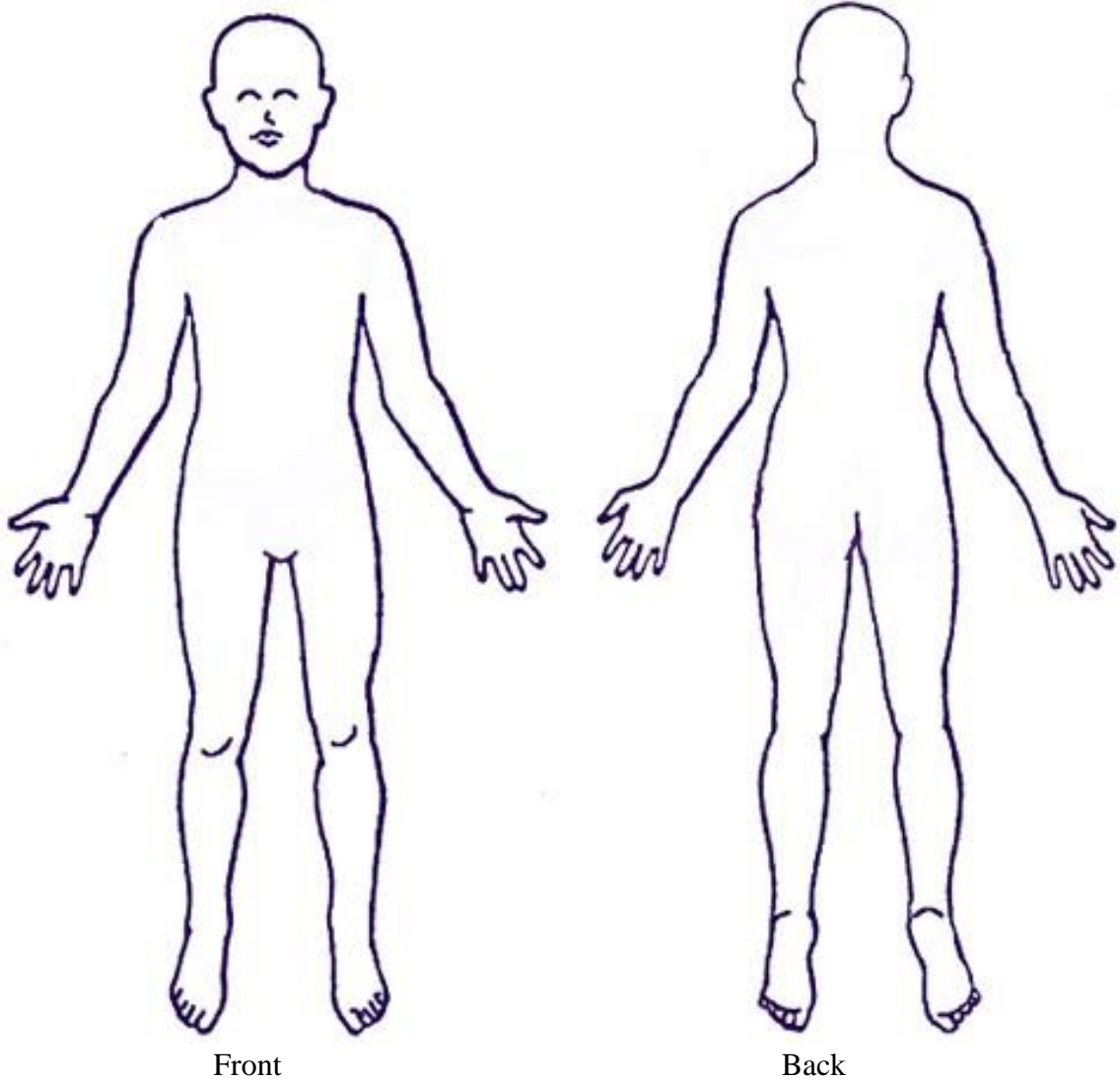
Signature of Designated Safeguarding Person		Signature of minister, or Church Safeguarding Team member	
Date & time		Date & time	

BODY MAP

Name of Individual of Concern _____

Name of person completing this form _____

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**



Signature _____

Date and time _____