Safeguarding and Child protection form
You must complete this form, if you suspect a child is suffering, or is likely to suffer, significant harm, and hand it directly to the Designated Safeguarding Lead (DSL) immediately.

Name of child:		Date					2	0		

What is the nature of your concern for the child or adult?

Neglect	Sexual Abuse	Trafficking	Forced Marriage	Grooming	Gangs	Forced criminality	CSE – **Rec, Con, exp**	Hate crimes	Other
Mental Health	Physical abuse	Radicalisation	Peer on peer	Party model	Organised crime groups	County lines - drugs	Honor based violence	FGM	Race Crime

Please record any marks or injuries, on the body map further down, where appropriate.

What have you observed, heard or been told and when (time)?

Have you spoken to the child or colleague about your concerns?*	**Yes**	**No**

If yes, please record what you and they have said (using their own words, where possible).

Have you spoken to anyone else about your concerns?	**Yes**	**No**

If yes, please record what you and they have said.

Reporters Signature	*Reporters Name incl. first name*	*Date*	*Time*
Name of DSL or DDSL reported to:		*Date*	*Time*

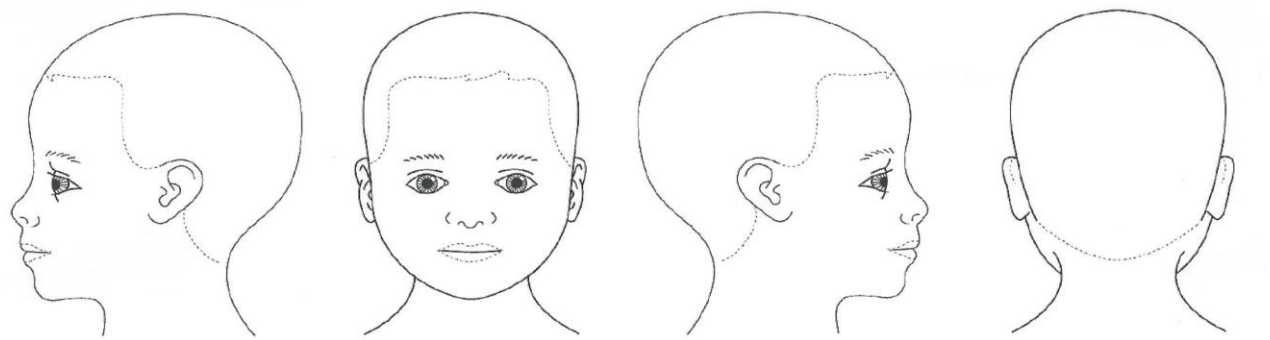
Action Taken	**Result of action or next step**
Time: **Date:**	
Time: **Date:**	
Time: **Date:**	
Time: **Date:**	
Date closed or date passed on:	
Conclusion:	

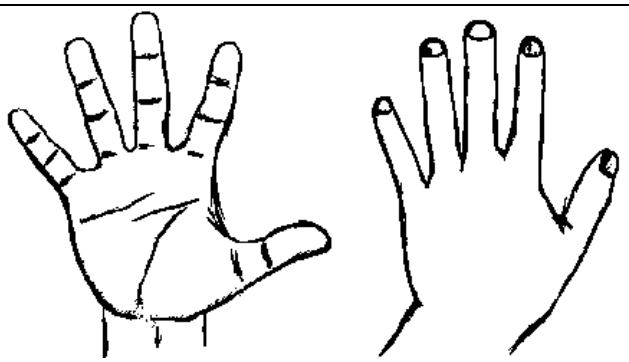
DSL Signature	*DSL Name incl. first name*	*Date*	*Time*

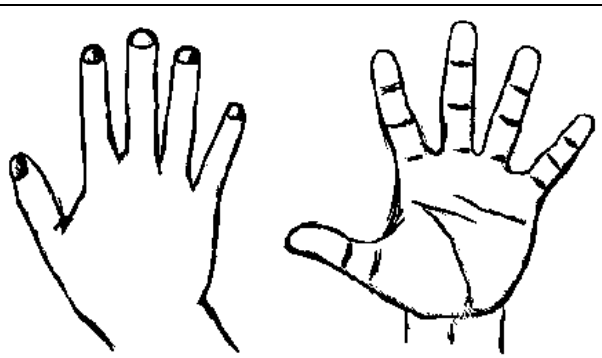
Important numbers:
Emergency Duty Team: 0161 253 6606
Multi-agency Safeguarding Hub: 0161 253 5678
Immediate danger: 111
Further advice from Local Police Designated **Prevent Officer**: 101
Concerns regarding DSL :
Whistle Blowing: Safe call – 0800 915 1571

** Continue on a separate sheet, if necessary*

Body Map *please consider the relative scale of each figure in recording marks and injuries*







Left Hand / Left Foot	Right Hand / Right Foot