

**SCHEDULE PART 3
TEMPLATE CONCERN RECORDING FORM**

CONCERN RECORDING FORM

This form must be completed as soon as possible after receiving information that causes a concern. WELLBEING OFFICER AT KELTY HEARTS FOOTBALL CLUB (TEL 07982 725903; e-mail keltygaz@yahoo.co.uk) to report the concern as soon as possible. Do not delay by attempting to obtain information to complete all sections of the Concern Recording Form. [Please do not keep any printed or written versions of this form.] It is important to maintain confidentiality to delete or shred as soon as the information has been passed on.

Complete Part A where the concern relates to the wellbeing of a child and/or Part B where the concern relates to the conduct of an adult towards a child. In all cases, complete Part C to provide your contact information.

PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD

(SAFE, HEALTHY, ACTIVE, NURTURED, ACHIEVING, RESPECTED, RESPONSIBLE, INCLUDED)

1. Child's Details

Name:	Date of Birth:
Address:	Tel No:
Post Code:	
Child's Named Person:	Named Person Tel No:
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	

2. Details of situation giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

3. Details of any witnesses/other people involved

(including names, addresses and telephone contacts)

4. Details of any injuries

(including all injuries sustained, location of injury and action taken)

5. Child's views on situation (if expressed). Where possible, please use the child's own words.**PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT****6. Details of adult where there are concerns about their conduct**

Name:	Tel No:
Address:	Relationship to Child:
Post Code:	

7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

8. Details of any action taken**9. Details of agencies contacted**

(including date, time, name of person contacted and advice received)

10. Have the child's parents/carers been informed? YES / NO (delete as appropriate)

If yes, record details / If no, please state why not

PART C – YOUR CONTACT INFORMATION**11. Details of Person Recording Concerns**

Name:	Tel No:
Address: Post Code:	Position/Role:

Signed: _____**Date:** _____