



Welfare concern form

Please ensure that this record is kept confidential and passed to a member of the Safeguarding team, ideally Lorna Mitchell or Ramya Logathas

| | |
|---|---------------|
| Name of child: | Class: |
| Reason for recording this concern: | |
| Please write below a record of the concern that you have received, please be factual and clear – literally detailing what you have been told/observed: | |
| How does the child feel about what has happened or the concern if you are reporting? (where appropriate) | |
| Any previous concerns? Who were they disclosed to? | |
| Date: | Time: |
| Name & signature of person reporting: | |
| Role of person reporting: | |

If you cannot get hold of Lorna or Ramya, please pass this form to a member of the Child Protection team.

Action taken:

By who?

Outcome:

Referrals:

Social Care _____

Police _____

External agency (e.g. CAMHS etc) _____

Early Intervention team _____

Parents informed _____

Family Support Worker in school _____

No further action _____

Feedback to staff member:

By who? _____

Date given: _____