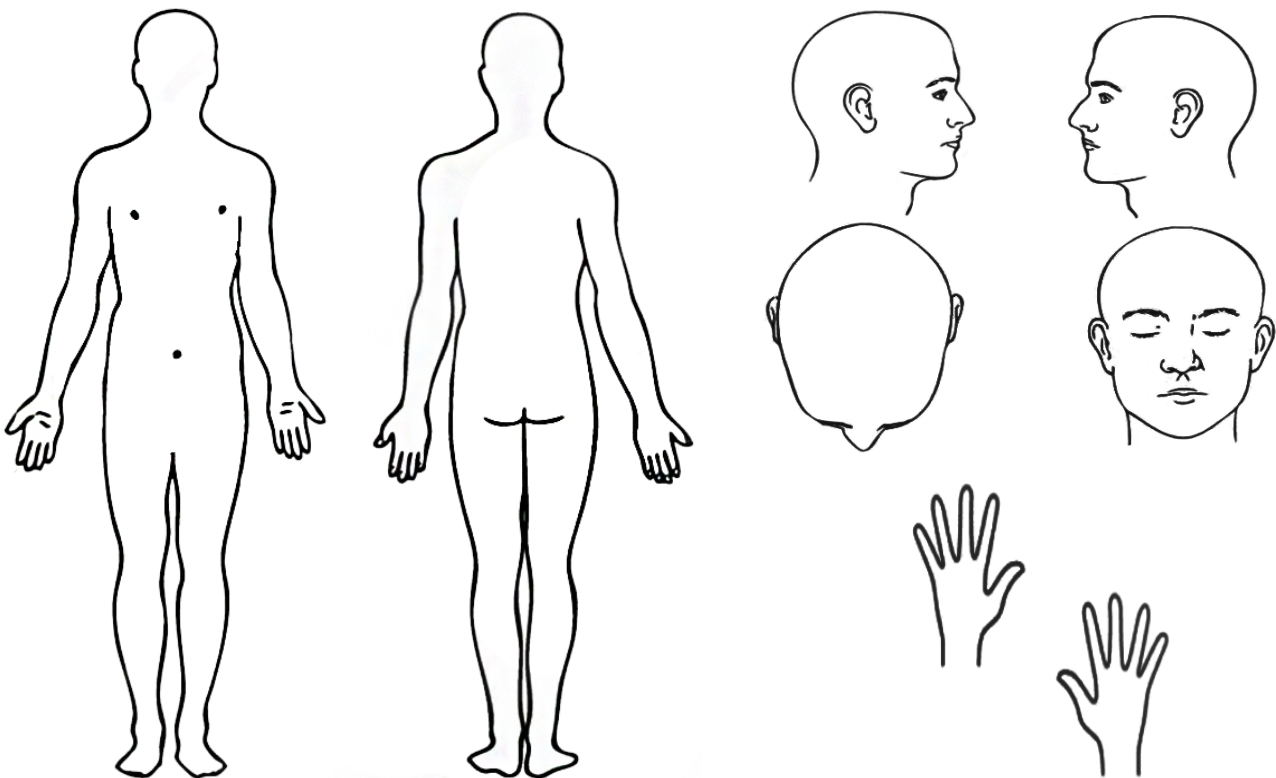


Safeguarding Body Map

Child, young person or vulnerable adult's name:	
Date of birth (if known):	
Name of member of staff who witnessed the injuries:	
Date and time injuries seen:	
Date and time info recorded:	
Details of injuries and location on body: <i>(Where they are, what they look like, their colour, shape, size and condition. Is the injury healing or worsening?)</i>	
How was the injury sustained according to the child, young person, vulnerable adult and/or parent or carer?	



What action will be taken?

Date and time received by DSL:	
Name of DSL:	
Agency or school/alternative provision DSL:	<input type="checkbox"/> Agency <input type="checkbox"/> School/alternative provision

Record of Concern Form



Part of **tes**

CHILD PROTECTION INCIDENT RECORDING SHEET

Name of member of staff recording incident:	
Current date and time:	
Name of pupil:	
Class:	
Date of birth:	
Who was present?	
Date and time reported to DSL:	
Names of any other staff informed:	
Names of any other pupils involved:	
Are parents/carers aware? (Give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and time of incident:	
Nature of concerns:	
Account of incident:	
Action taken:	
Name of duty worker/social worker if reported:	
Name of any other agencies involved:	
Further action:	
Signed:	
Date:	