AJB Sports in Education

Safeguarding Concern Record Form

CONFIDENTIAL DOCUMENT

This form should be completed as soon as possible following any safeguarding concern, disclosure, welfare concern or incident involving a child.

Completed forms should be passed immediately to the Camp Lead and/or Designated Safeguarding Lead (DSL).

Child Details

Child's Name: _____

Date of Birth: _____

Age: _____

Camp Venue: _____

Date of Concern: _____

Time of Concern: _____

Reporting Staff Member

Name: _____

Role: _____

Contact Number: _____

Nature of Concern

Please tick all that apply:

☐ Disclosure made by child

☐ Welfare concern

☐ Behavioural concern

☐ Injury or unexplained mark

☐ Neglect concerns

☐ Emotional wellbeing concern

☐ Online safety concern

☐ Peer-on-peer concern

☐ Concern regarding adult behaviour

☐ Child missing/separated

☐ Other safeguarding concern

Details:

Details of Concern

Please provide a factual account of what was observed, heard or reported.

Include:

- What happened
- When it happened
- Who was involved
- Where it occurred
- Exact words used where possible

Do not include assumptions or personal opinions.

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Child's Words (If Applicable)

Record the child's exact words wherever possible.

Immediate Action Taken

Please detail any immediate action taken:

☐ Reassured child

☐ Informed Camp Lead

☐ Informed DSL

☐ Contacted parent/carer

☐ First aid provided

☐ Emergency services contacted

☐ Child supervised separately

☐ Other

Details:

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Was Anyone Else Present?

☐ No

☐ Yes

Details:

Additional Information

Please record any additional information that may assist future safeguarding decisions.

Reporting Staff Declaration

I confirm that this record is an accurate and factual account of the information available to me at the time of writing.

Name:

Signature:

Date:

Time:

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Camp Lead / DSL Review

Name:

Role:

Date Reviewed:

Outcome / Action Taken:

☐ Monitoring

☐ Parent Contact

☐ Internal Investigation

☐ Referral to DSL

☐ Referral to Children's Services

☐ Referral to Police

☐ No Further Action

☐ Other

Details:

Follow-Up Actions Required

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Review Date (if required):