

WANSTEAD & WOODFORD CHESS CLUB - SAFEGUARDING

Form for recording concerns/allegations of abuse, harm or neglect

To be completed by the person with the concern

Only fill in details that you know - do NOT investigate

Date and time of incident/disclosure	Name of your Club event		
Name of child/ adult in need	Date of birth	Age	Gender
Name of parent/guardian/carer	Contact details (if known)		
Are you a) reporting your own concerns or b) responding to concerns raised by someone else? (delete as appropriate)	Name & role of person raising the concern: Contact details		
Names and details of anyone alleged to have caused the incident or to be the source of any concerns	Names and details of anyone who has witnessed the incident or who shares the concerns		
Please provide details of the incident or concerns you have, including times, dates, description of any injuries			

Have you spoken to the child's or adult in need's parents/carers? If so, please provide details of what was said. If not, please state the reason for this.

*Please note: concerns should be discussed with the family **unless**:*

- the view is that a family member might be responsible for abusing the child/adult in need*
- someone may be put in danger by the parents/carer being informed*
- informing the family might interfere with a criminal investigation.*

(If any of these circumstances apply, consult with the local authority social care services to decide)

Has the situation been discussed with the safeguarding officer? Yes/No (delete as appropriate) If so, please summarise the discussion

After discussion with the safeguarding officer, do you still have child protection concerns?
If in doubt you or the safeguarding officer should ring Children's Social Care Services for advice.

Have you informed the statutory child or other protection authorities?

Police: Yes/No Date and time:

Name and phone number of person spoken to:

Local authority social care services: Yes/No

Date and time:

Name and phone number of person spoken to:

LADO: Yes/No Date and time:

Name and phone number of person spoken to:

Any action agreed with protection authorities?

Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency

Where relevant, what has happened since referring to statutory agency/agencies? Include the date and nature of feedback from referral.

Any further actions undertaken by you or the Club e.g. support to the child, adult in need or family.

Name of the person completing the report

Signature of the person completing the report

Designation of the person completing the report

Date

Time