



New Apostolic Church UK

SAFEGUARDING CONCERN / INCIDENT REPORT FORM

Name of Child:

Date of Birth / Age:

Congregation:

Nature of Concern / incident:

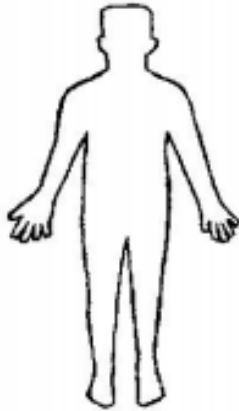
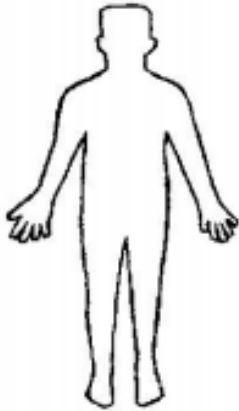
| | |
|-----------|-------------------------------------|
| Physical | <input checked="" type="checkbox"/> |
| Emotional | <input type="checkbox"/> |
| Sexual | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Concern raised by:

Date concern / incident raised:

Description of concern / incident (Add separate sheet if needed):

Permission: If applicable, has the young person disclosing been made aware that any information that highlights a 'Risk of Significant Harm' will have to be forwarded to the relevant agency? **YES / NO**

| Injury Details | |
|---|--|
|  |  |

Hand this form to the Designated Senior Person (DSP) who is the safeguarding lead in the congregation.

If you don't want to give this to the DSP, send to the church office at admin-hq@btconnect.com or to Dr Neil Sinclair (Safeguarding Committee Chair) at neil@sinclairstrong.co.uk

Office Use Only

Received by: Role:

Date Received:

Action Taken:

- | | |
|------------------------------|--|
| ✓ No Action/ monitor | |
| Discuss with teacher / child | |
| DBS Referral form completed | |
| CCPAS advised | |
| Other | |

Comments (who forwarded to, action taken etc.)

Signed: Date: