



New Apostolic Church UK

SAFEGUARDING CONCERN / INCIDENT REPORT FORM

Name of Child: Date of Birth / Age:
.....

Congregation:

Nature of Concern / incident:

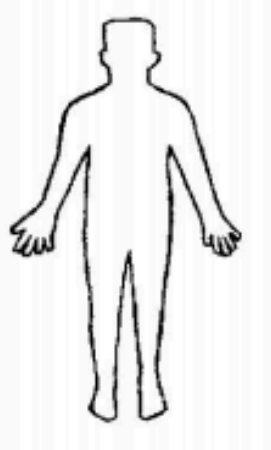
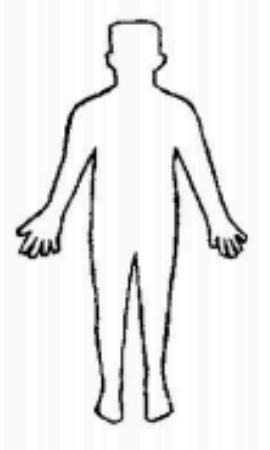
- Physical
- Emotional
- Sexual
- Neglect
- Other

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	
	

Send this completed form to Apostle David Heynes (trustee and safeguarding lead) at the following e-mail address: d.heynes@nak-nordost.de.

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.)

Date:

Signed: