

APPENDIX 1 – SAFEGUARDING INCIDENT FORM

This form should be completed by the Designated Person for Safeguarding

| | |
|---|------------------------------|
| Name of church / organisation | Boaters Christian Fellowship |
| Contact details of church / organisation | |

| | |
|--|--|
| Name of Designated Person for Safeguarding (DPS) | |
| | |
| Contact details of Designated Person for Safeguarding | |

| | |
|--|--|
| Name of concerned person or to whom disclosure was given | |
| | |
| Contact details of concerned person or to whom disclosure was given | |

INDIVIDUAL OF CONCERN - CONTACT DETAILS

| | |
|------------------------------|--|
| Name | |
| Date of birth | |
| Address | |
| Phone number / Email address | |

THE INCIDENT

What happened? (Nature of concern / disclosure made - use the person's own words if known)

When did it happen? (date, time)

Where did it happen? (specific location)

Who was allegedly involved and in what way? (includes witnesses)

ANY ACTION THAT HAS BEEN TAKEN

- Have the carers or parents / guardians been informed? (Please tick)
- If so, when and by whom?

| | |
|-------|------|
| • Yes | • No |
|-------|------|

- Has the DPS been informed? DPS DDPS
(delete as appropriate)

| | |
|-------|------|
| • Yes | • No |
|-------|------|

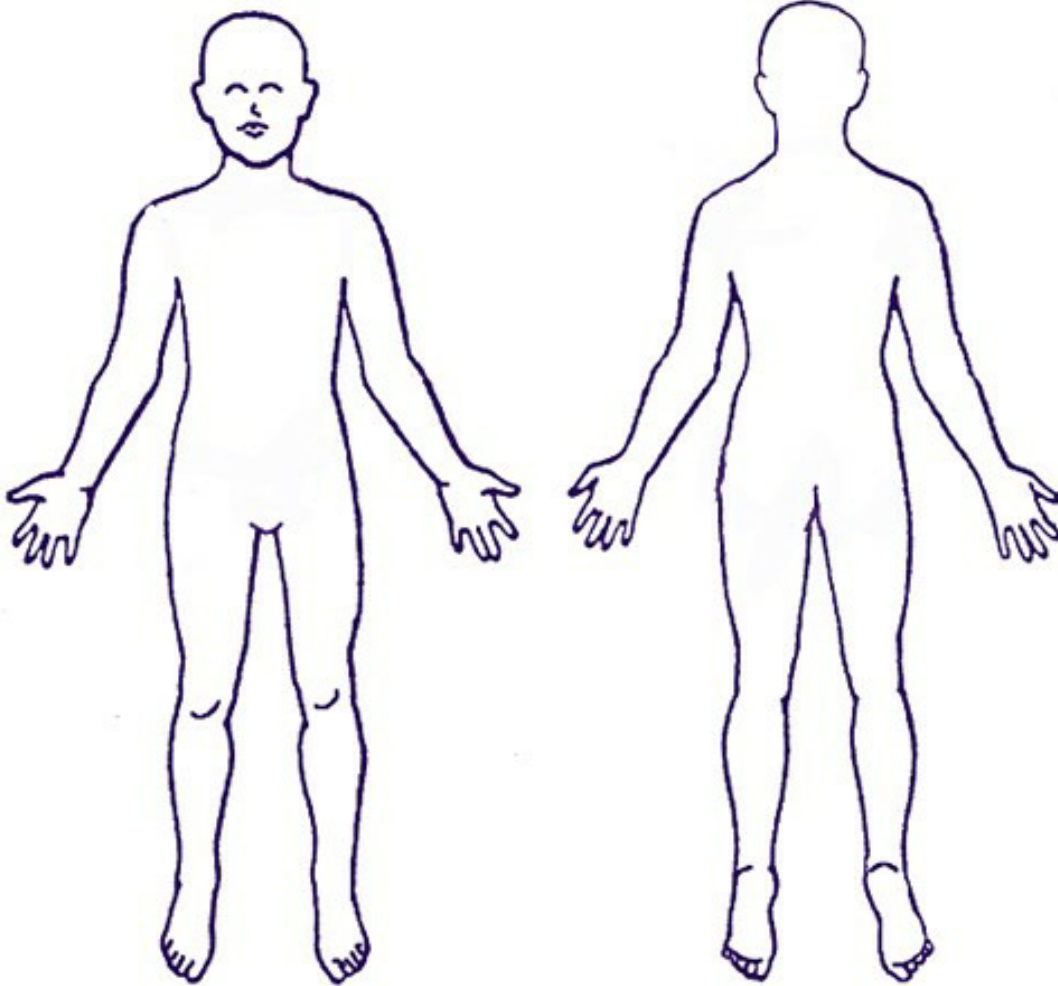
- Have the statutory authorities been informed?
- If so, please complete the table:

| | |
|-------|------|
| • Yes | • No |
|-------|------|

| | | | | | |
|------------------------|--|--|--|--|--|
| Authority | | | | | |
| Name | | | | | |
| Position | | | | | |
| Email contact | | | | | |
| Phone contact | | | | | |
| Contacted by | | | | | |
| Date & time of contact | | | | | |

BODY MAP

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**



Front

Back

Signature _____

Date and time _____