

NAME OF CHURCH	Truro Baptist Church
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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 WHOM DISCLOSURE WAS GIVEN	

INDIVIDUAL OF CONCERN - CONTACT DETAILS

Name	
Date of birth	
Address	
Phone number / email address	

THE ACCIDENT/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 TREATMENT OR ADVICE THAT HAS BEEN GIVEN OR ACTION TAKEN

- Have the carers or parents / guardians been informed? (Please tick)
 - If so, when and by whom?
-
- Have the statutory authorities been informed?
 - If so, please complete the table:

YES	NO
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YES		NO	
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Example:

Authority	<i>Social Care</i>				
Name	<i>Sylvia</i>				
Position	<i>Child abuse officer</i>				
Email contact	<i>sylvia@cornwall.gov</i>				
Phone contact	<i>01872 007 733</i>				
Contacted by	<i>Helen Designated Person</i>				
Date & time of contact	<i>1.30pm 1/4/15</i>				

- Has the Local Baptist Association been informed?
(Please do so if the statutory authorities are involved)
- If so, when and by whom?
- Any other action taken:

YES	NO
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FUTURE ACTION TO BE TAKEN

- What action needs to be taken?
- Who is responsible for this?

SIGNATURES

SIGNATURE OF DESIGNATED SAFEGUARDING PERSON	
DATE & TIME	

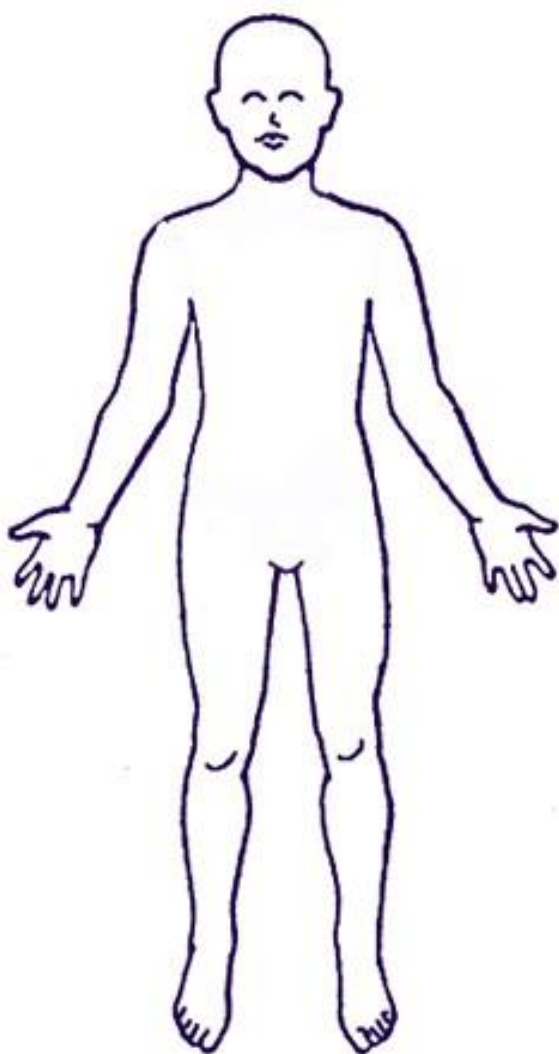
Please fill in Body Map on next page if possible.

BODY MAP

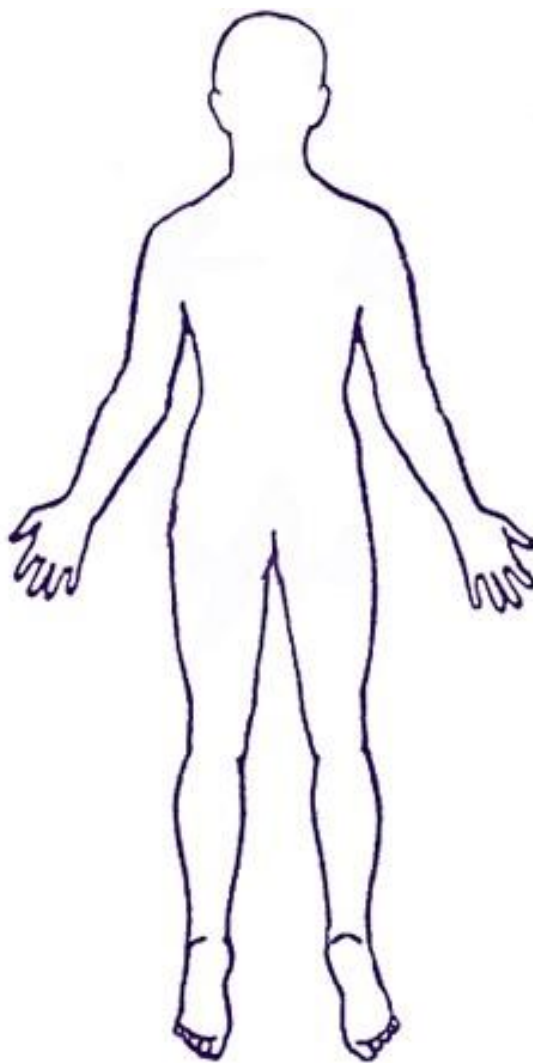
Name of Individual of
Concern _____

Name of person completing this
form _____

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, record and pass it on.**



Front



Back

Signature _____

Date and time _____