

## Incident/Accident Safeguarding Form

NAME OF CHURCH	City Life Church
Name of designated person for safeguarding	Mark Fenlon
Contact details of designated person for safeguarding	Please contact church office for phone numbers
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 of known)
When did it happen? (date/time)
Where did it happen? (specific location)
Who was allegedly involved and in what way? (include witnesses)

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Any treatment or advice that has been given or action taken

Have the parents or carers/guardians been informed?	Yes/No
If so, when and by whom?	
Have statutory authorities been informed	Yes/No
If so please complete the following:	
Authority:	
Name:	
Position:	
Email contact:	
Phone Contact:	
Contacted by:	
Date and time:	
Has the local Baptist association been informed? Yes/No	
If so, when and by whom?	
Other action taken:	

**Future action to be taken:**

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

**Signatures**

Signature of designated safeguarding person	
Date and time	