

**Your Name: Parish Role if any :**

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**Your knowledge of and relationship to the child/adult:**

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**Child/Adult’s Name:**

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**Date and place of birth**

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**Child/Adult’s address:**

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**If Child details of carers**

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**Nature of the incident/concern:**

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**Date, time and location of incident(s):**

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**Observations made by you or to you (e.g. description of visible bruising, other injuries, child/adult’s emotional state etc): *NB: Make a clear distinction between what is fact, opinion or hearsay***

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**Exactly what the child/adult said and what you said (Remember do not lead them-record actual details. Continue on a separate sheet if necessary):**

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**Details of external agencies contacted**

**Police Yes No**

**Date and Time**

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**Name and Contact Number**

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**Advice Received**

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**Childrens Service Yes No**

**Date and Time**

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**Name and Contact Number**

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**Advice received**

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**Adult Safeguarding Yes No**

**Date and Time**

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**Advice Received**

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**Local authority Yes No**

**Date and Time**

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**Name and Contact Number**

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**Advice received**

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**Other eg NSPCC /School**

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**Date and Time**

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**Name and Contact number**

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**If concern is about a person under 18; has consent to share been obtained from parent/guardian (unless implicated) Yes No**

**If child 16 or 17; has consent to share also been obtained from them Yes No**

**If concern is about an adult has adult concerned given consent to share Yes No**

**If consent not be sought please detail why ?**

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**Details of Witnesses**

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**Details of referrer**

**Print name date and sign Parish**

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**Remember to maintain confidentiality and only share with those who need to know**

**Telephone Diocesan safeguarding office 01962 737317 07921 865374**

**Out of hours safeguarding referrals 0300 5551373**

**Email form to safeguarding@winchester.anglican.org**