

Incident Recording Form

Disclosure, Indications, Suspicions of Abuse

(adapted from an original form provided by Carrick Leisure Limited)

Please complete this form as fully as possible.
This form must be passed on to the Designated Child Protection Officer,
within the CSP and **clearly marked Private & Confidential**.

This form **must** be kept in a secure place.

Person reporting the concern:

Location:

Event:

Name of Child / Young Person:

Age:

Parent / Guardian / Carers Name:

Home Address:

Telephone Number:

Please complete all relevant sections. For any sections that do not apply, please clearly mark as 'not applicable'.

1. Disclosure, Indication, Suspicions of Abuse

When was the disclosure, indication, suspicion made (date & time)?

What lead to the disclosure, indication, suspicion?
Try to detail the circumstances leading up to the disclosure

Where there any other people present at the disclosure, indication, suspicion?
Please circle

Yes

No

Unsure

If 'Yes' please state their name, position and the role they played:

What feelings did the child express before, during and after the disclosure, indication, suspicion?

Give details of the disclosure, indication, suspicion:

2. Signs & Symptoms

Describe any signs of physical injury evident on the child or young person:

If you have known the child for a period of time, have you noticed any changes in behaviour?

Has the child made the allegation about a particular individual? (If so please record details)

Any additional comments

3. Signatures

To be signed by the person reporting the concern or disclosure

Name:

Signed:

Date:

Referred to Designated Officer

Name:

Signed:

Date:

DATA PROTECTION ACT

The information contained on this form will be held for the purpose of carrying out an investigation into child protection issues to meet Cornwall County Council statutory duties in this respect and to provide better services. The information may be disclosed to the Social Services and Police.