

Reporting concerns about a child/person's safety/welfare or they disclose abuse (page 1 of 4)

Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG

Tel: 01246 582322 | Email: gbco@gb-ministries.org | Web: www.gb-ministries.org

GB Ministries is the operating name of The Girls' Brigade England & Wales; a company limited by guarantee (No.206877) and a registered charity (No.206655).

Details of child and parents/carers:							
Name of child:							
Gender:	Age:	Date of birth:	d d	/ m	m /	у у	у у
Ethnicity:	Language:						
Additional needs:							
Name(s) of parent(s)/carer(s):							
Child's home address and address(es) of parents (if diffe	erent from child's):						
Your details:							
Your name:							
Your position:							
Date of incident (if applicable): d d / m	m / y y	y y Time of	incident (if app	olicable):			
Are you reporting your own concerns or responding to	o concerns raised by son	neone else? (cross as	appropriate)				
Reporting own concerns Res	sponding to concerns rais	sed by someone else					
If you are responding to concerns raised by someone e	else, please provide their	name and position w	ithin the club/c	organisatio	on/group:		
Please provide details of the incident or concerns you laccounts of others, including any other relevant details:	have, including times, date	es, description of any	injuries, wheth	er inform	ation is firs	t hand or t	he
The child's account/perspective:							



Reporting concerns about a child/person's safety/welfare or they disclose abuse (page 2 of 4)

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Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:
Provide details of anyone who has witnessed the incident or who shares the concerns:
Please note: concerns should be discussed with the family unless: The view is that a family member might be responsible for abusing the child Someone may be put in danger by the parents being informed Informing the family might interfere with a criminal investigation.
If any of these circumstances apply, consult with the local authority children's social care department to decide whether or not discussions with the family should take place.
Have you spoken to the child's parents/carers? YES NO
If so, please provide details of what was said. If not, please state the reason for this.
Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/support plan? YES NO
If so, please provide details:
Summary of discussion with team leader:
Has the situation been discussed with the named person for child protection?
If so, please summarise the discussion:
After discussion with the team leader and named person, do you still have child protection concerns?



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Have you informed the statutory child protection authorities?
Police: YES NO
Date: d d / m m / y y y y Time:
Name of person spoken to:
Phone number of person spoken to:
Local authority children's social care: YES NO
Date: d d / m m / y y y y
Name of person spoken to:
Phone number of person spoken to:
GBM's Support Centre: YES NO
Date: d d / m m / y y y y Time:
Name of person spoken to:
Phone number of person spoken to:
Action agreed with child protection authorities:
What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:
If the concerns are not about child protection, details of any further steps taken to provide support to child and family, and any other agencies involved:



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To be signed, as appropriate, by all those who have had input into this form. Name: Position: Date: d d / m m / y y y y Time: Signed: Date: d d / m m / y y y y Time: Signed:	
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