**BUNYAN BAPTIST CHURCH**

SAFEGUARDING CHILDREN & ADULTS RECORDING FORM

**If you consider the concern to be of an urgent nature, action should be taken immediately, and this recording form completed afterwards.**

**Recognise, Record, Respond**

**KEEP THIS FORM SAFE – DO NOT LEAVE IT FOR OTHERS TO SEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Concern**  |  |
| **Date of Birth/ Age (if known)**  |  | **Name of Parent (if applicable)**  |  |
| **Your Name**  |  | **Your Role at BBC**  |  |
|  |
| 1.**CONCERN & IMPACT**: Describe the event or observation (see reverse for body map) if the child/person has made a disclosure, record what the child/person said, using their own words on a piece of paper and attach to this form.  |
|  |
| 3.**Now take this form to the Designated Person for Safeguarding (DPS), Deputy DPS**  |
| 4.Discuss the concern with the DPS and agree what actions to take. They will keep this form on file and add a brief summary of the Concern, Impact etc  |
| 5.Agree when and how the actions will be reviewed:  |
| Today’s date (if different from above) |

**Return completed form to Designated Person for Safeguarding (DPS), Deputy DPS within 24 hours of concern (do not leave form at church)**

**It can be delivered by hand or scanned/ photographed (then deleted) to Hilary Davies or Susan Feltham**

**hilary.davies56@icloud.com** **or WhatsApp 07745893530**

**56 Brick Kiln Road, SG1 2NH**

**or** **sufiuf@yahoo.co.uk** **or WhatsApp 07944877984**

**6 Parkway, SG2 8DJ**

**Body Map**

If concern is about a mark or injury, circle area of body where marks appear (body map), use Notes box below to describe the mark. **In this type of event, seek advice immediately.**



*Notes*

|  |  |
| --- | --- |
| **For Designated Person Use ONLY**  | When the actions have been completed and reviewed, make a note of the outcomes here:  |
|  |
| Name: | Signed: | Date: |