



ST CLEMENT'S HIGH SCHOOL

Recording Form for Safeguarding & Radicalisation Concerns

Staff, volunteers and regular visitors are required to complete this Form and pass it to the Senior Designated Professionals (SDP) at the school, who are **Mr Chris Wood, Mrs Addison Paul or Mrs Street**. if they have a safeguarding concern about a child in our school. **Mr Nathan Pack** is the Link-Governor for Safeguarding.

Full Name of Child	Date of Birth	Tutor Group	Your Name and Position in School

Is this a Radicalisation concern?		Yes		No
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NATURE OF CONCERN/DISCLOSURE											
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.											
Was there an injury		Yes		No	Did you see it?		Yes		No		
Describe the injury:											
Have you filled in a body plan to show where the injury is and its approximate size?							Yes		No		
Was anyone else with you?			Yes		No	Who?					
Has this happened before?			Yes		No	Did you report the previous incident?			Yes		No
Who are you passing this information to?				Name:							
Position:				Time:				Date:			
Your Signature:						Date:					

Action taken by SDP

Referred to...?

Attendance Improvement Officer	Police	School Nurse	Social Services	Connexions	Parents or Carers	Other

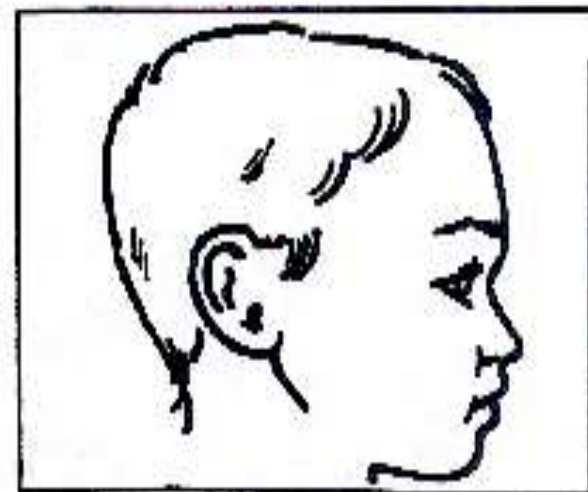
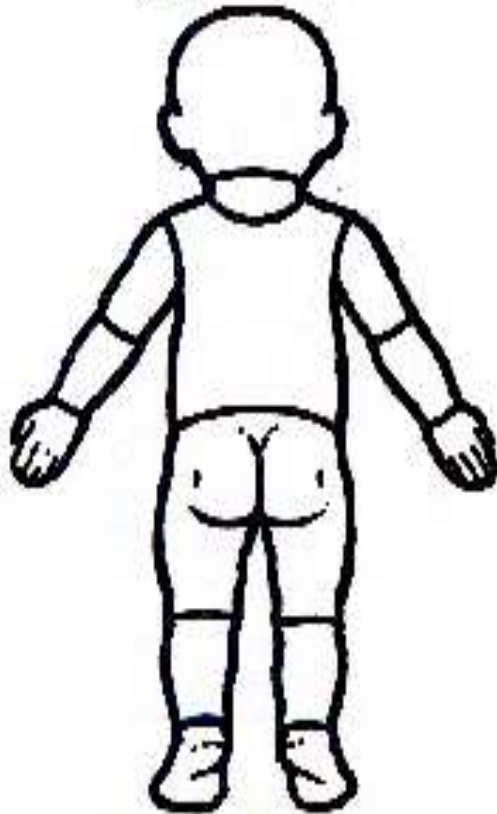
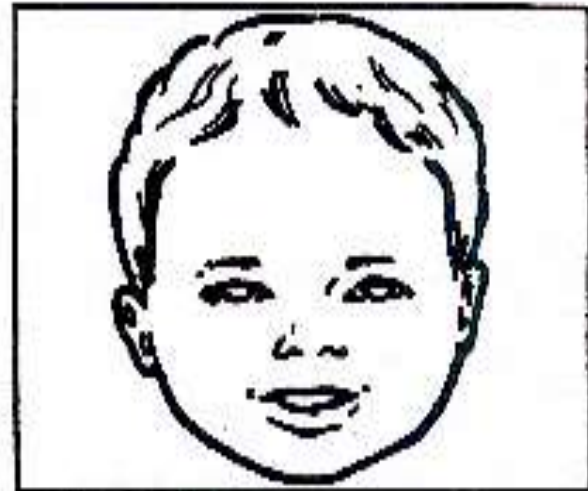
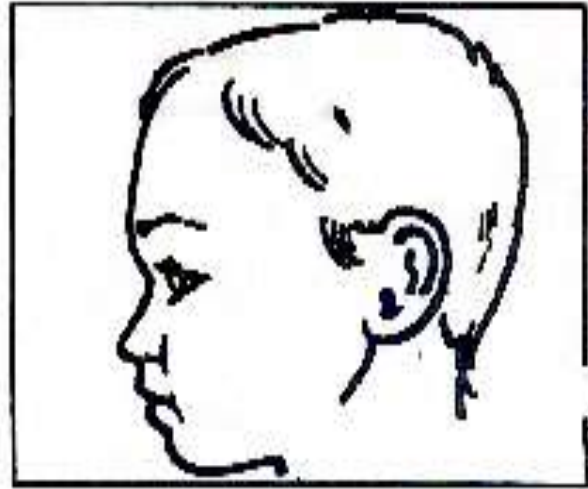
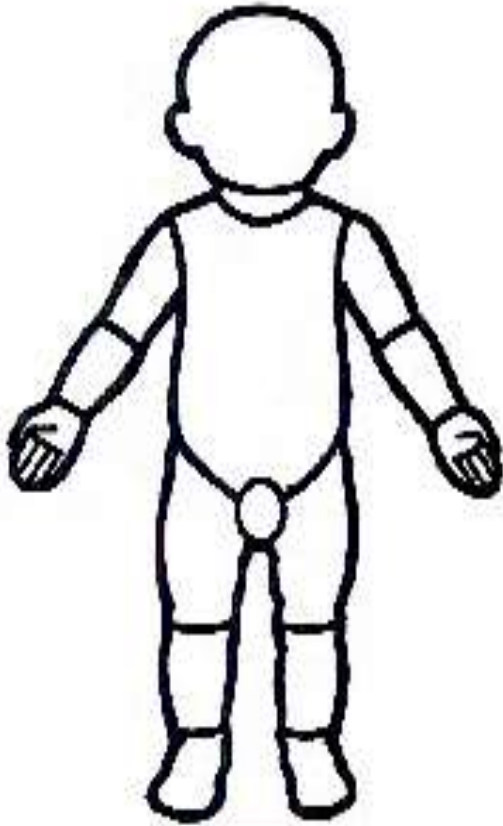
Parents informed?		Yes		No	(If No, state reason)	
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Feedback given to...?

Pastoral Team	Tutor	Student	Person who Recorded Disclosure

SDP Signature: _____ Name: _____ Date: _____

BODY MAP – YOUNG CHILD



BODY MAP – OLDER CHILD

