

## Appendix 1

### Incident Record Form

(Insert name of organisation)

As the **designated lead for safeguarding (DSL)** it is important to check the Incident Record Form so that it contains sufficient detail and to ensure that it has been signed and dated by the person who has reported the concern.

<b>Family name of child/ young person</b>		<b>First name(s)</b>		<b>Alias / also known as</b>	
<b>Address inc postcode (please state name of local authority in which the child resides)</b>		<b>Room/ group (if applicable)</b>		<b>D.O.B</b>	
				<b>Age</b>	
<b>Date of incident</b>				<b>Time that incident was raised</b>	

**Detail of incident**

(Please include as much detailed information in this section as possible. Remember - the quality of your information will inform the level of intervention initiated. If necessary, attach additional sheet.

<b>Name of person completing the form</b>		<b>Relationship to child/young person</b>			
<b>Who have you shared this information with?</b>		<b>When was this information shared?</b>			
<b>Signature of person completing the form</b>		<b>Date</b>		<b>Time</b>	
<b>Signature of parent/carer</b>		<b>Date</b>		<b>Time</b>	