

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.

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

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.

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