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| Safeguarding Record of Concern/Incident  | A picture containing drawing, shirt  Description automatically generated |

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| **TO BE COMPLETED BY PERSON RAISING THE CONCERN** |
| Date concern is being raised: |   |
| **Details of person raising the concern** |
| Your name: |   |
| Your position: |   |
| **Details of child or adult at risk** |
| Name: |   |
| Telephone number: |   |
| address and email: |   |
| Date of birth (*if known*) or estimate of age range: | DoB: | 0 - 17 [ ]  | 18 – 64 [ ]  | 65+ [ ]  |
| Any other details about child/ adult at risk that may be relevant: |  |
| Name, address and contact details of care giver/ significant other/ next of kin: |   |
| **Details of the allegation(s)** |
| Suspected type(s) of abuse: (As per Appendix 1 of Policy)\*  |  |
| *\*(If you have identified alleged Domestic Abuse/Violence, please also complete a separate Domestic Abuse Risk Matrix)* |
| **Details of person alleged to be inflicting abuse** |
| Name: |   |
| Relationship to child or adult at risk: |   |
| Is the alleged perpetrator also a child or adult at risk?  |    [ ] YES [ ] NO |
| **Details of specific incident(s)** |
| Date: |   |
| Time of day:  |      |
| Details of the allegations/ your observations: (*Write what the person said or give details of what you saw*) |   |
| Are you aware of any previous concerns or incidents reported by or about this individual?  |   [ ] YES [ ] NO   |
| If 'yes' give details: |   |
| Summary of information given to child or adult at risk: (*Include what you said to them about next steps*) |  |
| Expectations/ wishes of child or adult at risk, if known: |   |
| Actions taken so far: |  |
| Has the child/parent or adult at risk been informed of the referral?  | [ ] YES [ ] NO |
| Permission given by child/parent or adult at risk to refer to relevant external agencies?  |  [ ] YES [ ] NO  |
| **TO BE COMPLETED BY SAFEGUARDING OFFICER** |
| **Record of decision making** |
| Safeguarding log reference number: | **DP/** |
| Confirm permission given by child/parent or adult at risk to refer to relevant external agencies?  |  [ ] YES [ ] NO  |
| Decision to refer/ not to refer with reasons and details of any other non-referral actions taken, such as signposting or offer of further support: (*Include dates and times of actions taken*) |   |
| RAG Rating (Red, Amber, Green)   | RAG |
| **If reporting, add details of organisation and person receiving the referral** |
| Authority: |   |
| Name: |   |
| Position: |   |
| Contact details: |   |
| Details of any undertaking made by relevant: |   |

**Useful Telephone Numbers**

* Bolton Safeguarding Unit 01204 337 000
* Cheshire West Safeguarding Children; i-art team 0300 123 7047
* Cheshire West Safeguarding Adults 0300 123 7034
* Emergency duty officer out of hours West 01244 977277
* Cheshire East Safeguarding Children 0300 123 5012
* Cheshire East Safeguarding Adults **0300 123 5010**
* Emergency duty officer out of hours East 0300 123 5022
* Lancashire Safeguarding Children 0300 123 6720
* Lancashire Safeguarding Adults 0300 123 6721
* Manchester Safeguarding Unit 0161 234 5001
* Warrington Safeguarding Adults 01925 444239
* Warrington Safeguarding Children 01925 443400
* Warrington Out of Hours 01925 444400
* Wirral Safeguarding Adults 0151 606 2006,
* Wirral Safeguarding Children 0151 606 2008
* Wirral Out of Hours 0151 677 6557