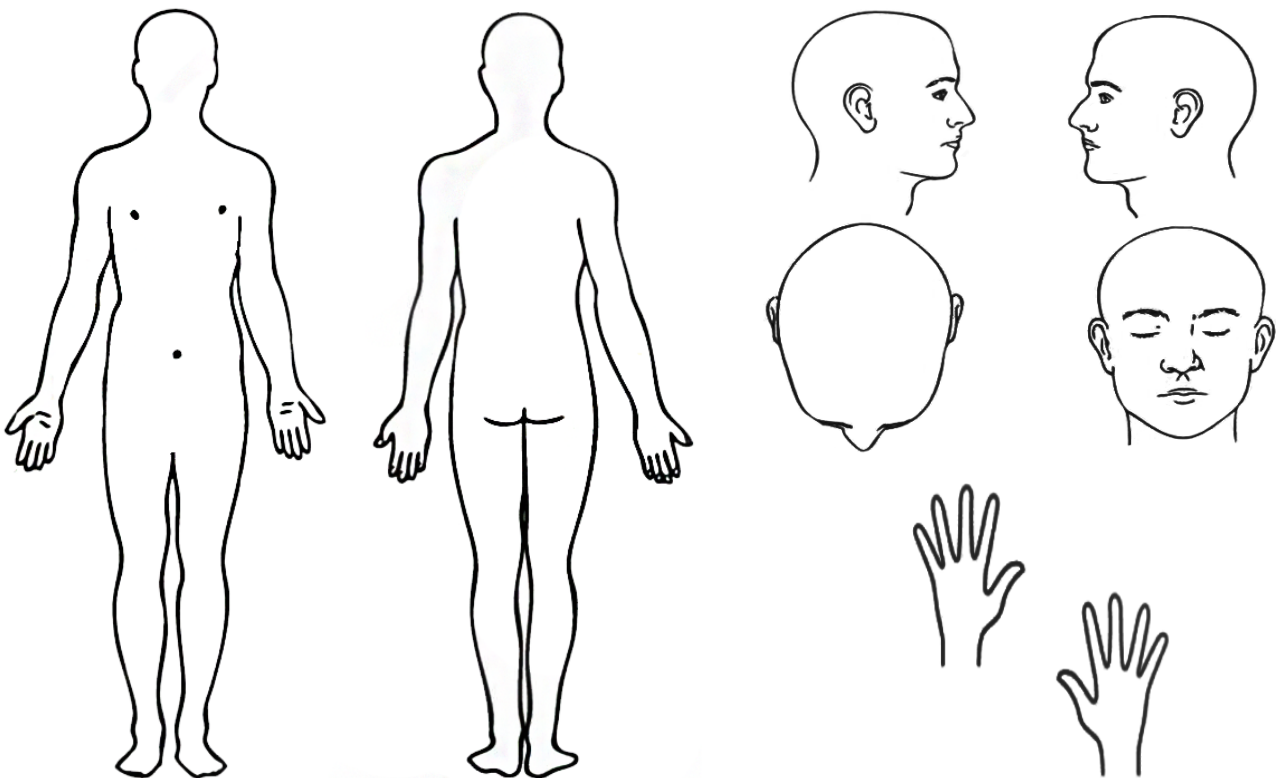


# Safeguarding Body Map

<b>Child, young person or vulnerable adult's name:</b>	
<b>Date of birth (if known):</b>	
<b>Name of member of staff who witnessed the injuries:</b>	
<b>Date and time injuries seen:</b>	
<b>Date and time info recorded:</b>	
<b>Details of injuries and location on body:</b> <i>(Where they are, what they look like, their colour, shape, size and condition. Is the injury healing or worsening?)</i>	
<b>How was the injury sustained according to the child, young person, vulnerable adult and/or parent or carer?</b>	



<b>What action will be taken?</b>

<b>Date and time received by DSL:</b>	
<b>Name of DSL:</b>	
<b>Agency or school/alternative provision DSL:</b>	<input type="checkbox"/> Agency <input type="checkbox"/> School/alternative provision

# Record of Concern Form



## CHILD PROTECTION INCIDENT RECORDING SHEET

<b>Name of member of staff recording incident:</b>	
<b>Current date and time:</b>	
<b>Name of pupil:</b>	
<b>Class:</b>	
<b>Date of birth:</b>	
<b>Who was present?</b>	
<b>Date and time reported to DSL:</b>	
<b>Names of any other staff informed:</b>	
<b>Names of any other pupils involved:</b>	
<b>Are parents/carers aware? (Give details)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date and time of incident:</b>	
<b>Nature of concerns:</b>	
<b>Account of incident:</b>	
<b>Action taken:</b>	
<b>Name of duty worker/social worker if reported:</b>	
<b>Name of any other agencies involved:</b>	
<b>Further action:</b>	
<b>Signed:</b>	
<b>Date:</b>	