ESSEX CHESS ASSOCIATION - SAFEGUARDING

Form for recording concerns/allegations of abuse, harm or neglect

To be completed by the person with the concern Only fill in details that you know - do NOT investigate

Date and time of incident/disclosure	Name of your organisation/club/group		
Name of child/vulnerable adult	Date of birth	Age	Gender
Name of parent/guardian/carer	Contact details (if known)		
Are you	Name & role of person raising the concern:		
a) reporting your own concerns or			
b) responding to concerns raised by someone else?	Contact details		
(delete as appropriate)			
Names and details of anyone alleged to have caused the incident or to be the source of any concerns	Names and details of anyone who has witnessed the incident or who shares the concerns		
Please provide details of the incident or concerns you have injuries	e, including t	imes, dates, de	scription of any

Have you spoken to the child's or vulnerable adult's parents/carers? If so, please provide details of what was said. If not, please state the reason for this. Please note: concerns should be discussed with the family unless: the view is that a family member might be responsible for abusing the child/vulnerable adult someone may be put in danger by the parents/carer being informed informing the family might interfere with a criminal investigation. (If any of these circumstances apply, consult with the local authority social care services to decide)					
Has the situation been discussed with the safeguarding of summarise the discussion	ficer? Yes/No (delete as	appropriate) If so, please			
After discussion with the safeguarding officer, do you still have child protection concerns? If in doubt you or the safeguarding officer should ring Children's Social Care Services for advice.					
Have you informed the statutory child or other protection authorities? Police: Yes/No Date and time: Name and phone number of person spoken to: Local authority social care services: Yes/No Date and time: Name and phone number of person spoken to: LADO: Yes/No Date and time:	Any action agreed with pr	rotection authorities?			
Name and phone number of person spoken to: Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency					
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Where relevant, what has happened since referring to statutory agency/agencies? Include the date and nature of feedback from referral.					
Any further actions undertaken by you or the ECA e.g. support to the child, vulnerable adult or family.					
Name of the person completing the report	Signature of the person	completing the report			
Designation of the person completing the report	Date	Time			