



## **CONCERNS ABOUT A CHILD'S SAFETY FORM**

Waves for Change has a duty of care and is committed to protect all children with whom we work from abuse. If you have reason to believe that a child's safety may be in danger, please complete this form as best you can and bring it to the attention of your child protection officer (CPO) immediately (preferably within 24hrs). For confidentiality reasons, the form should be filled out and signed solely by you. It should be sent only to the designated child protection officer. It will be held in a safe and secure place and treated in the strictest confidence.

### **1 About You**

Your name: \_\_\_\_\_

Your job title: \_\_\_\_\_

Site: \_\_\_\_\_

Contact details: \_\_\_\_\_

### **2 About the Child**

Child's name: \_\_\_\_\_

Child's gender \_\_\_\_\_

Child's age \_\_\_\_\_

Child's School: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Child attends programme on a \_\_\_\_\_ at \_\_\_\_\_ site

### 3 The Allegation

Was the abuse observed or suspected?

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Is this concern based on first hand information or information divulged to you by someone else? (If so who?)

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Did the child disclose abuse to you?

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Date and Time of the alleged incident:

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Location of the alleged incident:

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Name of alleged perpetrator:

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Job Title:

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Nature of the allegation:

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**Your personal** observations (visible injuries, child's emotional state, etc.):

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**Exactly** what the **child** or other **source** said to you [if relevant] and how you responded to him or her:

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Any other relevant information:

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Were there any other children/people involved (or having witnessed) in the alleged incident?

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**Action Taken**

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**Signed**

**Date**

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