

CHILD CONCERN FORM

The purpose of this form is to capture your concerns about the child/young person. The form is to be completed by staff or volunteers as soon as concerns are raised. It is not your role to investigate concerns. Completed forms are to be shared with your Child Safeguarding Representative (CSR) within one working day.

**If the child is in immediate danger,
please contact the Police on 111.**

Child or young person's details

(to be completed by staff/volunteer – please complete much as possible)

First name:

Surname:

Date of birth:

Address of child:

Who the child lives with:

Siblings or associated children's names:

Age or date of birth:

Who do the siblings live with:

Car registration numbers that may help identify the child/adult:

School attended:

Guidance on information to include:

- the reasons you are concerned
- what you have heard, observed, or been told
- what you have said
- who was present
- factors that increase the risk to the child
- observations not opinions
- a timeline or known history of events relating to the child or situation dates and times
- any injuries or marks
- if you have spoken to the child/young person or their parents/caregivers/whānau
- if you have spoken to anyone else about your concern
- what actions have you taken
- if reporting your concern increases the risk to the child or young person, or staff members

PARENT OR CAREGIVERS (if known)**Caregiver 1**

First name:

Surname:

Address if different from the child:

Relationship to the child:

Phone number:

Email address:

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Caregiver 2

First name:

Surname:

Address if different from the child:

Relationship to the child:

Phone number:

Email address:

Child Concern Form completed by

Name:

Position:

Phone number:

Date and time:

CHILD SAFEGUARDING REPRESENTATIVE ACTION AND REVIEW

(to be completed by CSR)

Name of Child Safeguarding Representative:

Date form received:

Action taken – give details:

Report of Concern made to Oranga Tamariki Report of Concern made to the Police

Copy of Report of Concern made for your own records:

Date for follow up with Oranga Tamariki or the Police:

Additional Designated Person informed: Yes No

If yes, who:

Date of next review:

Detail your plan of getting back to the staff member who completed this form:

Record details of phone call and advice – include date, time and details of the person you spoke to:

Child Safeguarding Representative signature:

Date:

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