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**CONCERN RECORDING FORM**

Complete Part A where the concern relates to the wellbeing of a child and/or Part B where the concern relates to the conduct of an adult. Finally, complete Part C to provide your contact information.

**PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD**

(SAFE, HEALTHY, ACTIVE, NURTURED, ACHIEVING, RESPECTED, RESPONSIBLE, INCLUDED)

1. **Child’s Details**

|  |  |
| --- | --- |
| **Name:**  | **Date of Birth:**  |
| **Address:** **Post Code:** | **Tel:**  |
| **Child’s Named Person:**  | **Named Person Tel No:** |
| **Preferred Language:** | **Is an interpreter required?****YES / NO**  |
| **Any Additional Needs?** |

1. **Details of situation giving rise to Concerns**

(including date, time, location, nature of concern, who, what, where, when, why)

1. **Details of any witnesses/other people involved**

(including names, addresses and telephone contacts)

1. **Details of any injuries**

(including all injuries sustained, location of injury and action taken)

1. **Child’s views on situation (if expressed). Where possible, please use the child’s own words.**

**PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT**

1. **Details of adult where there are concerns about their conduct**

|  |  |
| --- | --- |
| **Name:**  | **Tel No:**  |
| **Address:** **Post Code:**  | **Relationship to Child:**  |

1. **Details of concerns**
2. **Details of any action taken**
3. **Details of agencies contacted**
4. **Have the child’s parents/carers been informed?**

**PART C – YOUR CONTACT INFORMATION**

1. **Details of Person Recording Concerns**

|  |  |
| --- | --- |
| **Name:**  | **Tel No:**  |
| **Address:** **Post Code:** | **Position/Role:**  |

**Signed:**  **Date:**

**Please send the completed form to** **childwellbeing@scotwomensfootball.com**