



Recording Form for Safeguarding Concerns

Name of person making disclosure	Date of birth	Your name and role in the church
Nature of Concern/Disclosure		
[Remember to only record factual information. DO NOT add your own opinion]		
Was there an injury? Yes / No		Did you see it? Yes / No
If yes; describe the injury:		
Have you filled in a body map to show where the injury is and its approximate size? Yes / No		

