

# Montrose FC

## CONCERN RECORDING FORM

This form must be completed as soon as possible after receiving information that causes a concern. Contact **Mrs Anne Kenny CWPO@montrosefc.co.uk Tele 07923673775** or **Mrs Joan Murray and CWPO2@montrosefc.co.uk**, to report the concern as soon as possible. Do not delay by attempting to obtain information to complete all sections of the 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 towards a child. In all cases, 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**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Post Code:</b>	
<b>Child's Named Person:</b>	<b>Named Person Tel No:</b>
<b>Preferred Language:</b>	<b>Is an interpreter required? YES / NO</b>
<b>Any Additional Needs?</b>	

#### **2. Details of situation giving rise to Concerns**

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

#### **3. Details of any witnesses/other people involved**

(including names, addresses and telephone contacts)

#### **4. Details of any injuries**

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

5. **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**

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

<b>Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Relationship to Child:</b>
<b>Post Code:</b>	

7. **Details of concerns**

(including date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

8. **Details of any action taken**

9. **Details of agencies contacted**

(including date, time, name of person contacted and advice received)

10. **Have the child's parents/carers been informed? YES / NO** (delete as appropriate)

If yes, record details / If no, please state why not

**PART C – YOUR CONTACT INFORMATION**

**11. Details of Person Recording Concerns**

<b>Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Position/Role:</b>
<b>Post Code:</b>	

**Signed:** \_\_\_\_\_**Date:** \_\_\_\_\_