

RECORD OF CONCERN

Date:		Childcare Practitioner:	
Child's Name:			
Date of birth:		Gender:	
Address:			
How the concern has been raised: (please tick)		Issue category: (please tick)	
<input type="checkbox"/> Direct contact/observation <input type="checkbox"/> Disclosure <input type="checkbox"/> Third party		<input type="checkbox"/> Child protection <input type="checkbox"/> Safeguarding <input type="checkbox"/> Bullying <input type="checkbox"/> Equalities	
Describe the concern: (Be specific. Include when and where the incident occurred, any evidence of what you saw or was reported, timelines if known.)			

Who else, if anyone, was involved and how?:	
Obvious signs: (eg bruising, bleeding, changed behaviour. Anything the child said.)	
Action taken: (Who was spoken to and when.)	
Follow up or support plan: (Will be dependant on what action MASH takes.)	
Have the parents been informed?	YES/NO
Has a referral been made and to whom?	YES/NO EARLY HELP HUB/MASH/HEALTH VISITOR
Name and signature of person completing the form:	
Date, name and signature of the manager:	