

# Significant Incident Form – Template

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to [Organisation name/Child Protection Officer] as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

- Complete Part A of this form if the concerns relate to the general welfare of a child.
- Complete Parts A and B if the concerns relate to possible child abuse.

## Part A: where there are concerns about general welfare of a child

### 1. Child's Details

|           |                |
|-----------|----------------|
| Name:     | Date of Birth: |
| Address:  | Telephone:     |
| Postcode: |                |

Any Additional Needs?

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### 2. Details of Person Recording Concerns

|           |                |
|-----------|----------------|
| Name:     | Position/Role: |
| Address:  | Telephone:     |
| Postcode: |                |

**3. Details of Incident giving rise to Concerns**

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

**4. Details of any Witnesses**

(including names, addresses and telephone contacts).

**5. Details of Injuries**

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

**Part B: where there are concerns about possible child abuse**

**6. Details of person about whom there is a concern**

|           |                            |
|-----------|----------------------------|
| Name:     | Relationship to the Child: |
| Address:  | Telephone:                 |
| Postcode: |                            |

**7. Details of Concerns**

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

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**8. Details of any action taken**

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**9. Details of Agencies contacted**

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

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**10. Have the child parents/carers been informed?**

Yes.  No.

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

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

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

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_