Appendix B - Form For Reporting Child Concerns

CONFIDENTIAL

Where a referral is made, this form will be sent to the children's social care services as a written confirmation of the referral with a copy retained by the DSP.

Name of Child	
Age (If known)	
Date of Incident	
Venue of Incident	
times of any incidents	s? Please be specific and include the dates and

ny other causes for concern?
lave you spoken to the child? If so, what was said?

Have you spoken to the child's parent	ts/carers? If so, what was said?
Has anybody been alleged to be the a	abuser? If so, give details.

Please give your name	e and contact of	details	
0.			
Signature			
Date			

This form must be completed and given, or sent in a sealed envelope marked "Private and Confidential" to Northern Arts Factory Designated Safeguarding Person

Anne Keighley Northern Arts Factory 11 Beech Avenue Horsforth Leeds LS18 4PA