

**Hammersmith Christian Fellowship**

**Safeguarding Incident Form**

**March 2021**

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Name of church	Hammersmith Christian Fellowship
Contact Details of church	Furber Street, W60EU

Name of Designated Safeguarding Lead (DSL)	Aline Fynn
Contact Details of DSL	0771 4173110

Name of Concerned Person or to whom the disclosure was given	
Contact details of concerned person or whom disclosure was given	

#### INDIVIDUAL OF CONCERN - CONTACT DETAILS

Name	
Date of birth	
Address	
Phone number / Email address	

#### THE INCIDENT

- What happened? (Nature of concern / disclosure made - use the person's own words if known)
- When did it happen? (date, time)
- Where did it happen? (specific location)
- Who was allegedly involved and in what way? (includes witnesses)

## ANY ACTION THAT HAS BEEN TAKEN

- Have the carers or parents / guardians been informed? (Please tick)
- If so, when and by whom?

YES		NO	
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- Have the statutory authorities been informed?
- If so, please complete the table:

YES		NO	
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*Example:*

<b>Authority</b>	Police				
<b>Name</b>	Bobby				
<b>Position</b>	Child abuse officer				
<b>Email contact</b>	bobby@police.com				
<b>Phone contact</b>	077999				
<b>Contacted by</b>	Minister				
<b>Date &amp; time of contact</b>	1.30pm 1/4/15				

- Has the Local Association been informed?  
(Please do so if the statutory authorities are involved)

YES		NO	
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- If so, when and by whom?
- Any other action taken:

## FUTURE ACTION TO BE TAKEN

- What action needs to be taken?

- Who is responsible for this?

## SIGNATURES

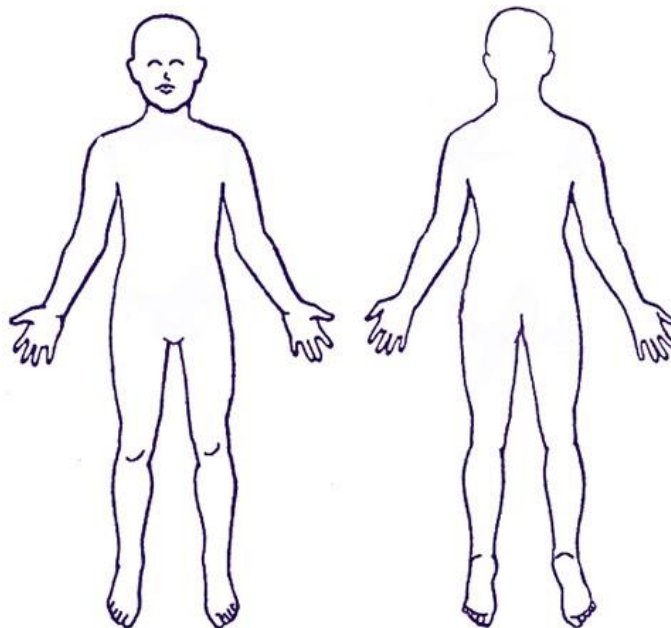
SIGNATURE OF DESIGNATED SAFEGUARDING PERSON		SIGNATURE OF PERSON COMPLETING THIS FORM	
DATE & TIME		DATE & TIME	

## BODY MAP

Name of Individual of Concern \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, record and pass it on.**



Front

Back

Signature \_\_\_\_\_

Date and time \_\_\_\_\_