**5.1. 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 the MCofS National Children’s Officeras 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:**  **Postcode:** | **Tel No:** |
| **Preferred Language:** | **Is an interpreter required? YES / NO** |
| **Any Additional Needs?** | |

1. **Details of Person Recording Concerns**

|  |  |
| --- | --- |
| **Name:** | **Position/Role:** |
| **Address:**  **Postcode:** | **Tel No:** |

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

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

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1. **Details of any witnesses**

(Including names, addresses and telephone contacts)

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1. **Details of injuries**

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

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|  |

**/ continued**

**Part B Where There Are Concerns about Possible Child Abuse**

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

|  |  |
| --- | --- |
| **Name:** | **Relationship to Child:** |
| **Address:**  **Postcode:** | **Tel No:** |

1. **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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1. **Details of any action taken**

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1. **Details of agencies contacted**

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

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

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

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

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|  |

**Signed:**   **Date:**

**Print Name:** **Position:**  **CONFIDENTIAL**