



SAFEGUARDING POLICY - APPENDIX B TEMPLATE FOR RECORDING DETAILS OF CONCERN

This form should be completed as soon as possible after you become aware of a concern and passed to the Safeguarding Representative or Kenelm Safeguarding Lead. Please complete as much as you are able and continue overleaf if required.

This form is in addition to any notes made out in the field whilst on activity; such notes will need to accompany this form.

- Alton Castle is a youth retreat centre catering for children from 9 – 13 years of age in the Staffordshire Moorlands. The children who come to the centre are brought by schools or youth groups and remain the responsibility of the staff who accompany them. They usually stay for 3 days. In addition to religious activities they also take part in various outdoor pursuits.
- Soli is a youth retreat centre catering for children from 14 – 18 years of age in the Staffordshire Moorlands. The children who come to the centre are brought by schools or youth groups and remain the responsibility of the staff who accompany them. They usually stay for 4 days. In addition to religious activities they also take part in various outdoor pursuits.
- Team members from both centres have had safeguarding training.

I work as a member of the retreat team which means that I lead and facilitate activities for the visiting children. Each Centre's policy is that team members should never be alone with a child.

YOUR NAME	YOUR ROLE
YOUNG PERSON'S NAME	DATE OF BIRTH, AGE, OR SCHOOL YEAR OF YOUNG PERSON
SCHOOL/GROUP NAME	ADDRESS/AREA (IF KNOWN)
DATE CONCERN NOTED	
NATURE OF CONCERN: (PLEASE GIVE FULL DETAILS OF THE NATURE OF THE CONCERN, ENSURING THAT YOU RECORD DATES, TIMES, FREQUENCIES, AS APPROPRIATE AND ANY RELEVANT CONVERSATIONS WITH THE YOUNG PERSON. HOW DID THE CONCERN COME TO YOUR ATTENTION?)	



INITIAL ACTION TAKEN: (THIS SECTION MIGHT INCLUDE DETAILS OF INITIAL CONVERSATIONS OF THE CHILD, CONSULTATION WITH OTHER MEMBERS OF STAFF OR VISITING STAFF WITH THE GROUP, THE SAFEGUARDING REPRESENTATIVE OR SAFEGUARDING CO-ORDINATOR, CONTACT WITH CSAS, STAFFORDSHIRE SAFEGUARDING HUB OR THE POLICE, OR ANY CONTACT WITH OR EXPLANATIONS FROM MOTHER/ FATHER/CARERS ETC.)

ANY ADDITIONAL COMMENTS OR INFORMATION (PLEASE ATTACH AN ADDITIONAL SHEET IF REQUIRED):

DATE	SIGNED
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Once completed, print and sign this original copy, and also email to: sandra.satchell@kenelmyouthtrust.org.uk

All email copies will need to be password protected.

Any other initial notes made must be stapled to this form and submitted to the DSL.

