



St John Lloyd RC Primary School Initial Pupil Concerns Recording Form

Staff, volunteers and regular visitors are required to complete this form and pass it to CH/ JI/ BD/ LB if they have a safeguarding concern about a child in our school.

Information Required	Enter Information Here
Full name of child	
Class	
Your name and position in the school	
Nature of concern/disclosure <i>Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.</i>	
Time & date of incident:	
Name and position of the person you passing this information to?	
Your Signature	
Time and date form completed	
Time form received by DSL	
Action Taken by DSL	
Referral made to CS/ LA[yes/no, date and time]	
Full Name of DSL	
Signature of DSL	
Date of Signature	