**Appendix C: Recording Form**

**Child Protection Report of Concern**

Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your details:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Childs Name:** |  |
| **Date of Birth:** |  |
| **Child’s Gender:** |  |
| **Child’s Address:** |  |
| **Parent/Carers Details:** | **Name:****Address:****Phone Number:** |
| **Have Parent’s/Caregiver’s been notified of this incident?** | **[ ]  Yes** **[ ]  No** **If yes provide details of what was said, and actions agreed:** |
| **Are you reporting your own concerns or responding to concerns raised by someone else?** | **[ ] Reporting own concerns****[ ] Responding to concerns/allegations made by** **someone else** |
| **If responding to concerns raised by someone else, please provide further information about them:**  | **Name:****Position within the organisation or relationship to the child:****Telephone number:** |
| **Details of the incident or concerns:***Include relevant information such as the nature of the incident, when it took place, who was involved, whether there are any injuries, the signs and symptoms, any other relevant information. Ensure that this is reported factually or exactly as reported to you. REMEMBER- LISTEN, REASSURE, ASK OPEN QUESTIONS* |

**Inform the Designated Person (DPCP)**

|  |  |
| --- | --- |
| **Designated Person** | **Date and time referred** |
|  |  |

**Reporting person signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

--------------------------------Designated Person for Child Protection to Complete----------------------

Designated Person Actions

|  |  |
| --- | --- |
| DPCP refers to Oranga Tamariki  | YES / NO Date: Time: |
| DPCP refers to Police | YES / NO Date: Time: |
| DPCP has updated reporting staff member of actions | YES / NO Date: Time: |
| Staff member managing incident: |  |

DPCP Signed Dated: Review Date:

**Please ensure that this record and any associated notes are stored in a confidential and safe place.**