**GDST Record of Safeguarding Concern**

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| **This form should only be used when there is a safeguarding or welfare concern regarding a pupil at the school and CPOMS cannot be accessed to report this.** Safeguarding includes protecting children from maltreatment, preventing impairment of their **health** or **development**, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best outcomes. This form should be completed as soon as possible after any specific disclosure **or** cause for concern and sent **immediately to the Designated Safeguarding Lead** with any contemporaneous notes. Completion of the form should **not** delay reporting to the Designated Safeguarding Lead.  |

Staff/Volunteer name ……………………………….. Role……………………………………...

Pupil …………………………………………………………. Form……………………………………..

Day & date……………………………………............... Time………………………………………

**Disclosure OR Nature of concern**

Record full details of conversation or reasons for concern (use continuation sheet if necessary):

* Where possible use the exact words and phrases used by the pupil, do not translate into “proper terms”, and note non-verbal behaviour
* Note any witnesses or others people who are aware of the situation
* Where there is a more general wellbeing concern state all facts giving rise to the concern
* Clearly distinguish between fact, observation, allegation and opinion

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**The pupil’s views and wishes** ………………………………….……………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Did you explain to the pupil that you would need to refer the matter to the Designated Safeguarding Lead, and that you could not promise confidentiality? YES/NO**

**What was the pupil’s response? [Note exact words where possible]**

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**Action Taken/Follow up**

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Signed ………………………… Time and date ……………………………

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| This completed form, together with any other note taken should be passed to the **Designated Safeguarding Lead** or Deputy Designated Safeguarding Lead **immediately**. However if an allegation or complaint is made against the Designated Safeguarding Lead, this information should be passed directly to the Head.  |

**For use by Designated Safeguarding Lead/Head** (use continuation sheet if necessary)

**Comments/Action taken and follow up (include feedback given, details of any agencies contacted and whether Trust Office has been informed)**

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Signature of Designated Safeguarding Lead…………………………………………………………

Signature of Head…………………………………………………………………………