**Safeguarding Record Keeping Templates**

**September 2021**



**Using the Safeguarding Record Keeping Templates: Guidance Notes**

*‘All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate child protection file for each child.*

*Records should include:*

* *a clear and comprehensive summary of the concern;*
* *details of how the concern was followed up and resolved;*
* *a note of any action taken, decisions reached and the outcome.’*

[Keeping Children Safe in Education’](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) (KCSIE) 2021

These templates are provided to support Designated Safeguarding Leads (DSLs) working within education settings implement robust record keeping approaches.

Leaders and DSLs should adapt the content to include specific information such as named points of contact, as well as specific expectations. These decisions and details will vary from setting to setting, so this template should be used as a starting framework. It may not be appropriate for educational settings to adopt the templates in their entirety; DSLs and leaders should ensure unnecessary or irrelevant content is removed.

* **Blue font** indicates that the setting should insert relevant information
* **Pink font** highlights suggestions to assist DSLs.

**Disclaimer**

The Education People make every effort to ensure that the information in this document is accurate and up to date. If errors are brought to our attention, we will correct them as soon as practicable.

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## **Welfare Incident/Concern Form**

## **SCHOOL/SETTING NAME SCHOOL/SETTING LOGO**

# **SAFEGUARDING INCIDENT / CONCERN FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:** | | | **Date of Birth and Year Group/Class** |
| **Name and position of person completing form (*please print*)** | | | |
| **Date of incident /concern: (DD MM YY)** | |  | |
| **Incident / concern (who what where when)\*** | | | |
| **Any other relevant information (witnesses, immediate action taken)\*** | | | |
| **Signature:**  **Role:** | | | **Date and time form completed:** |
| **Action taken, including reasons for decisions, and outcomes (*To be completed by the DSL*):\*** | | | |
| **Signature of DSL** | **Date (DD MM YY)** | | |
| **Signature of Lead DSL (*if appropriate*)** | **Date (DD MM YY)** | | |

\*Continue on a separate sheet if necessary

## **Sample Safeguarding Record Front Sheet**

**SCHOOL/SETTING NAME SCHOOL/SETTING LOGO**

# **SAFEGUARDING RECORD FRONT SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pupil/Child name:** | | | | **Date of birth:** | | |
| **Any other name by which child is known:** | | | | | | |
| **Home address:**  **Telephone no:** | | | **Current address (if different)** | | | |
| **Family members i.e. parents / carers / siblings:**  **Name Relationship Address School details** | | | | | | |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **Date file started: (DD MM YY)** | | | | | | |
| **Are records held in school/setting relating to other connected children?** | | | | | | |
| **Contact details of other professionals**  **Name Agency Address** | | | | | | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |

## **Sample Chronology Form**

**SCHOOL/SETTING NAME SCHOOL/SETTING LOGO**

# **CHRONOLOGY**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD NAME:** | | **DATE OF BIRTH:** | |
| **DATE**  **(DD MM YY)** | **INCIDENT / EVENT**  **(including actions taken)** | | **NAME**  **SIGNATURE** |
|  |  | |  |
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## **Record of DSL Meetings**

**SCHOOL/SETTING NAME SCHOOL/SETTING LOGO**

**Official Record of DSL Meetings**

**This record should be kept by Lead DSL. Discussions about individual children should be included in their safeguarding file**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF MEETING: | | | |
| PRESENT: | | | |
| CHILD | WHAT ARE WE WORRIED ABOUT? | WHAT’S GOING WELL? | ACTIONS (WHO WILL COMPLETE AND BY WHAT DATE) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| OTHER ISSUES DISCUSSED: | | | |
| DATE OF NEXT MEETING: (DD MM YY) | | | |