

Beaver Road Primary School

***If you do not have certain information, such as the child or family's ethnicity, do not delay handing in the form.
Ask the Designated Person to complete the information.***

Pupil's details

Full name

Address

Phone

Date of birth

Gender: Male Female

Is the pupil looked-after by the local authority or are there any other legal family arrangements? (for example, a residence order)

When was the pupil first admitted to this school?

Ethnicity and culture

Religion

Does the pupil have any disability or special educational need?

Yes No

If Yes please specify

Preferred language of pupil

Is any type of language support required to converse with the pupil?

Yes No

Please specify

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Does the pupil know this form has been completed?

Yes No

If not, why not?

If yes, what did the pupil say?

Details of those with parental responsibility

Name(s)

Address

Phone

Relationship to pupil

Ethnicity, culture and religion of those with parental responsibility if known

Preferred language of those with parental responsibility

Is any type of language support required?

Do those with parental responsibility have any disability or special need?

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How does this disability or special need affect the pupil?

Details of any siblings

Does the pupil regularly spend time with other carers, for example, after-school or holiday carers, or at a short break service?

Has a Common Assessment Framework (CAF) been completed for this pupil? Yes No

Please give date and reason for the CAF

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Why are you concerned about this pupil?

Please provide a description of any incidents/conversations and the dates they occurred. You must make clear what is fact and what is opinion or hearsay. You must not ask the pupil leading questions or try to investigate the concern yourself.

What have you observed and when?

(This relates to anything you have personally witnessed)

What have you been told and when?

(Write here anything you have been told by the pupil or any other person. Be clear about who has said what)

What have you heard and when?

(This may be third-party information that is relevant but as yet unsubstantiated)

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If an allegation has been made, give any details you have about the alleged abuser

Date and time of this record

Your details

Full name

Position

If you are not a member of the School staff please provide details of your school, agency or service together with a contact telephone number.

Do those with parental responsibility know this form has been completed? Yes No

If not, why not?

If yes, what did they say?

NOTE: Those with parental responsibility should not be contacted by anyone in the School if this could place the pupil at risk. Speak to the designated person first

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Does the pupil have any visible injury, or have they told you they have been injured?

Yes No

If yes, has medical advice been sought?

Has any action already been taken in relation to this concern? (for example, pupil taken out of class, first aid)

Name and position of the person this record was handed to:

Date and time the above person received this record

If this record has been handed to anyone other than the designated person please explain why

And now...

If you have used additional sheets to complete this record of concern please staple them to this form and write the number of additional sheets here:

If the pupil has a visible injury, please indicate the location on a body sketch and staple the body sketch to this form.

Hand this form to the Designated Person before you go home.

If the Designated Person is unavailable, hand it to the Deputy Headteacher, Assistant Headteacher.

Designated Person – David How
Deputy Headteacher – Julie Mellish
Assistant Headteacher – Paul Anderson