

# Cause for Concern Form

# Details of person

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| Name of person: | | |
| Gender: | Age: | Date of Birth: |
| Ethnicity: | Language: | Additional Needs: |
| Name(s) of parents/carer(s) (if relevant): | | |
| Person’s home address and address(es) of parents (if relevant): | | |

# Your details

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| --- | --- | --- |
| Your Name: | Your Position: | Date and Time of incident (if applicable): |
| Are you reporting your own concerns or responding to concerns raised by someone else? | | |
| If you are responding to concerns raised by someone else, please provide their name and position within the club/organisation/group: | | |
| Please provide details of the incident or concerns you have, including times, dates, description of any injuries, weather information is first hand or the accounts of others, including any other relevant details: | | |
| The person’s account/perspective: | | |
| Provide details of anyone alleged to have caused the incident or to be the source of any concerns: | | |
| Provide details of anyone who has witnessed the incident or who shares the concerns: | | |
| Have you spoken to the person’s parent/carers (if needed)? If so, please provide details of what was said. If not, please state the reason for this: | | |
| Are you aware of any previous incidents or concerns relating to this person and of any current risk management plan/support plan? If so, please provide details: | | |
| Has the situation been discussed with the named person? If so, summarise the discussion: | | |
| Have you informed any other statutory authorities?  **Police**  Date and Time:  Name and phone number of person spoken to:  **Local Authority Social Care**  Date and Time:  Name and phone number of person spoken to: | | |
| What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates: | | |
| If the concerns are not about child protection, details of any further steps taken to provide support to person and any other agencies involved: | | |