



SIGNIFICANT INCIDENT FORM - TEMPLATE

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to [Organisation name/Child Protection Officer] as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

PART A WHERE THERE ARE CONCERNS ABOUT GENERAL WELFARE OF A CHILD

1. Child's Details

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Tel No: _____

Preferred Language: _____

Is an interpreter required? YES / NO

Any Additional Needs? _____

2. Details of Person Recording Concerns

Name: _____

Position/Role: _____

Address: _____

Postcode: _____

Tel No: _____

3. Details of Incident giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

4. Details of any witnesses

(including names, addresses and telephone contacts)

5. Details of injuries

(including all injuries sustained, location of injury and action taken)

PART B WHERE THERE ARE CONCERNS ABOUT POSSIBLE CHILD ABUSE

6. Details of person about whom there is a concern

Name: _____

Relationship to Child: _____

Address: _____

Postcode: _____

Tel No: _____

7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why

Continue on a separate sheet if necessary)

8. Details of any action taken

9. Details of agencies contacted

(including date, time, name of person contacted and advice received)

10. Have the child's parents/carers been informed? YES/NO (delete as appropriate)

If yes, record details / If no please state why
not:

11. Child's views on situation (if expressed). Where possible, please use the child's own words.

Signed: _____ Date: _____

Print Name: _____ Position: _____