

## Form for Reporting Child Protection Concerns

<b>CONFIDENTIAL</b>	
<b>Where a referral is made, this form will be sent to the appropriate services as a written confirmation of the referral with a copy retained by the DSL.</b>	
<b>Name of Child:</b>	<b>Age (if known):</b>
<b>Address (of where incident or disclosure occurred):</b>	<b>Date (of where incident or disclosure occurred):</b>
<b>What prompts your concerns? Please be specific and include the dates and time of any incidents.</b>	
<b>Were there any physical or behaviour signs? Any other causes for concern?</b>	
<b>Have you spoken to the child? If so, what was said? Please be specific and include the dates and time of the conversation.</b>	
<b>Have you spoken to the child's parents/carers? If so, what was said? Please be specific and include the dates and time of the conversation.</b>	
<b>Has anybody been alleged to be the abuser? If so give details.</b>	
<b>Your full name:</b>	<b>Your contact details:</b>
<b>Your signature:</b>	<b>Today's date:</b>

This form must be copied to the body of an email and then completed, before being emailed marked "Private & Confidential", to Total Maths Tutoring's Designated Safeguarding Lead. You should not save a completed copy of this form to your personal device or print a physical copy