KEHILLAS FEDERATION

Child Protection Expression of Concern Form

This form should be completed when there is cause for concern and given to Anna Mileberg, the Federation Designated Safeguarding Lead as soon as possible.

Details of child	
Child's name:	
Child's date of birth:	

Details of person reporting the concerns	
Full name:	
Contact details:	
Shul details:	

Do these concerns relate to a specific incident/disclosure?

If YES complete Section A; If NO, omit section A and move straight to Section B

Section A	
Date and time of incident/disclosure:	
Location of incident/disclosure:	
Date this form was completed:	
Other persons present:	

Section B	
Details of concern/disclosure/incident: (what was said, observed, reported)	
Action taken: (What did you do following the incident/disclosure/concern?)	
Action taken: (What did you do following the incident/disclosure/concern)	
Any other relevant information:	

Signed:	Date:
Printed name:	

For completion by the Designated Safeguarding Lead (DSL)

DSL response

Action taken by DSL:	
Rationale for decision making/actions taken:	
Outcome of action taken by DSL:	

Follow up action by DSL:	
Feedback given to person reporting the concerns:	

Signed by DSL:	
Full name:	
Date:	

Checklist for DSL:

Concern described in sufficient detail?	
Distinguished between fact, opinion and hearsay?	
Child's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim)	
Jargon free?	
Free from discrimination/stereotyping or assumptions?	
Concern recorded and passed onto DSL in a timely manner?	