

Huntspill Community Federation

West Huntspill Primary School & East Huntspill Primary School

CHILD PROTECTION NOTE OF CONCERN

PUPIL:

Name:

DOB:

School Site:

Class teacher:

NC Year:

FAMILY DETAILS:

Name of Parent:

Address:

Telephone:

Other Siblings: (if known)

CONCERN:

(Please include **date/time** & **place** that concern was noted. Then give **brief circumstances** of incident, to include any **precipitating factors** & **injuries** sustained - if applicable)

(Continue on the back of this sheet if necessary)

Name(s) of potential witnesses

Submitted by:

Date:

Actioned by:

Date:

Action taken:

Notes:

1. Child protection issues are strictly confidential & should not be discussed outside of school.
2. This form can be completed electronically or as a hard copy.
3. Write down your concerns as soon as possible (the same day), then sign & date the CP Referral Form.
4. Submit it to the 'designated person' or 'deputy' as soon as possible (the same day) who will also sign, date the record & discuss actions with you.