

For advice and guidance on whether a referral is needed, in the first instance contact the Duty Diocesan Safeguarding Advisor (DSA), or your nominated area DSA, on 0207 932 1224 during office hours Monday-Friday 9-5pm. Between the hours of 5pm and midnight, please contact 31:8 on 0303 003 1111, option 2.

If you have immediate concerns about someone's safety, please contact the police or your local authority Children or Adult Social Care Services.

Once completed, please submit this form to <u>safeguarding@london.anglican.org</u> and a DSA will review it and prioritise according to risk and urgency.

| Concern form | | |
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| Information record relating to concerns of abuse, harm, or neglect. | | |
| Parish name: | | |
| The person/s | Name: | |
| you are concerned about | Gender: | |
| | Age / DOB: | |
| | Ethnicity: | |
| | Address: | |
| | Contact details: | |
| | Parent /carer details if under 18 (name / address / phone number): | |
| | Communication and access needs: | |
| Details of what has or is happening | The concern: | |
| (Please continue on a separate sheet if necessary) | How it came to light: | |
| | Impact on the person: | |
| | The person's wishes: | |
| | Are there any critical mental health issues: Yes/No | |
| | Does anyone remain at risk for any reason? Yes/No Please give details if yes: | |
| | Location / Time / Date of concern: | |

| Details of what has or is happening (continued) | Name, address and date of birth (if known) of anyone you suspect of causing harm, neglect or abuse: Any witness(es): |
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| Actions | What action was taken and who has been informed? Have any statutory agencies been informed e.g. police, social care or health? Yes / No |
| | If yes, which one(s)? |
| | Form completed by: Name: Mobile phone no: Email address: |
| | Date: Role: Signature (electronic): |