**Child Protection Recording Form *(Annex 4)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | | |
| **Date and time:** |  | **DOB** |  |
| **Name and role of person raising concern:** | |  | |

|  |
| --- |
| **Details of concern (where? when? what? who? behaviours? use child’s words)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions taken** | | | |
| **Date** | **Person taking action** | **Action taken** | **Outcome of action** |
|  |  |  |  |

**Name: Designation:**

**Copied to:**

**Skin map**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of recording: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of completer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Any additional information: