**Cornwall & Isles of Scilly Methodist District Safeguarding Incident Log**

Please use this form to record any safeguarding incidents or concerns that are raised. The record is confidential. The record should be completed as soon as possible following an incident and securely stored

|  |  |
| --- | --- |
| Date and time of Incident  |  |
| Location of Incident  |  |
| Nature of Incident (what is the concern) |  |
| Police Incident or Crime Number |  |
| Linked Circuit and safeguarding Officer to include contact details |  |
| Name of subject (person for whom we have a concern) |  |
| Date of Birth |  |
| Contact details |  |
| Name of parent/carer/person supporting/point of contact  |  |
| Relationship |  |
| Contact details(Phone and Email) |  |
| Others involved – (to include contact details this should include: |  |
| Name of Referrer |  |
| Role of Referrer |  |
| Minister / contact details |  |
| Others linked to incident  |  |
|  |  |
| Others (cont) |  |

# Summary of Incident/Concern

Please use this section to record details of the incident/concern. Include details of

|  |  |
| --- | --- |
| * **Who** was involved
 | * **Where** it happened
 |
| * **What** happened
 | * **When** it happened (dates and times),
 |
| * **How** it happened
 | * **Why** it happened
 |

Record details of any **referrals** made; if no referral was made **explain why**

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| --- | --- |
| **Summary of Incident/Concern** |  |
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| --- | --- |
| **Key People Involved** | **Who referred to (Please Include Contact Details)** |
| DSO |  |
| Police |  |
| Probation |  |
| Social Services |  |
| LADO |  |
| Church |  |
| Other |  |
|  |  |

|  |  |
| --- | --- |
| **Passwords** |  |
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| --- | --- | --- | --- |
| **Who has information been shared with** | **Legal basis for sharing the information**  | **Date shared** | **Name of person sharing** |
| District Chair |  |  |  |
| Superintendent |  |  |  |
| Minister |  |  |  |
| Chair DSG |  |  |  |
| Supervisor |  |  |  |
| Statutory agency |  |  |  |

Record details of any action taken, referrals made; if no referral was made or action taken please explain why (please include details of who referred to and when, copies of any separate referral forms should be sent with this document to DSO and also retained by circuit)

|  |
| --- |
| **Summary of Action Taken**  |
| **DATE** | **ACTION** | **By Who** |
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If the decision is made that the DSO needs to be informed please email this form to the following address - safeguarding@cornwallmethodists.org.uk

**Other Contact details that may assist**

**Children Services Cornwall**

Tel – 03001231116 (Mon Fri – 0900 – 1700)

Out of Hours – 01208 251300

Email Referral normal working hours - multiagencyreferralunit@cornwall.gov.uk

**Adult Services Cornwall**

Tel - 0300 1234 131 between 8.45am and 5.15pm Monday to Thursday and 8.45am to 4.45pm on Fridays.

Email – accessteam.referral@cornwall.gov.uk

**Isles of Scilly Children and Adult Services**

Tel - 03001234105 or 01720 422699

**LADO**

Referrals - multiagencyreferralunit@cornwall.gov.uk

**District Safeguarding Officer -** Cornwall & Isles of Scilly Methodist District

Mr David Cross

Tel 07857208187

Email - david.cross@cornwallmethodists.org.uk

Email - safeguarding@cornwallmethodists.org.uk