The United Reformed Church

Safeguarding Concern Form





If you have immediate concerns about someone's safety, please contact the police or your Local Authority Children or Adult Social Care Services (England) or your Local Safeguarding Board (Wales).

- Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding concern and send it to your Church Safeguarding Coordinator (CSC) or Synod Safeguarding Officer (SSO).
- Please provide as much detail as you can but don't worry if you can't complete all sections.
 It is more important to send the form promptly to the CSC or SSO who will then follow it up and obtain more information.

| Church name: | | | Synod: | | |
|--------------|-------------------------------------|----------|--------------------|--|----------------------|
| 1. | What the concern is about | | | | |
| Does | the concern relate to: (tick any th | at appl | y) | | |
| | Children | | Adult | | Adults and children |
| | Current event | | Past event | | |
| 2. | Type of concern | | | | |
| If you | feel able, please indicate which o | of these | e you think apply: | | |
| | Not sure | | Physical abuse | | Online abuse |
| | Spiritual abuse | | Sexual abuse | | Self-neglect |
| | Child sexual exploitation | | Emotional abuse | | Financial abuse |
| | Adult sexual exploitation | | Neglect | | Modern slavery |
| | Radicalisation | | Domestic abuse | | Institutional abuse |
| | Mental Capacity Act | | Self-harm | | Discriminatory abuse |
| | Other | | | | |

| 3. Who is involved Details of person suspected of causing harm/presenting a risk/causing concern: |
|--|
| Name: |
| Contact details (if available): |
| Other relevant information about them: |
| If there are specific individuals who have been harmed / are at risk of harm, give details: Name, age, where they live: |
| Details of other significant people involved (eg family members, carers) |
| 4. What has happened Please tell us what you are worried about, what happened, when and where it happened: |
| How did the information come to light? For example, something you saw or heard, victim disclosure, information from other organisation: |
| If the events happened in the past, do you think there is an ongoing risk to anyone now? Y N |
| If, yes, please give details: |

| Who else knows about the concernHave any statutory services or other organisations beer | n informed of these concerns? | | | | |
|--|-------------------------------|--|--|--|--|
| If yes, please give names and contact details if possible |): - | | | | |
| Are there other people in the church/family/wider comm | unity who know about it? | | | | |
| 6. Consent for information to be reported | | | | | |
| For children: Have parents/carers/guardians given consent for this information to be reported? Y N | | | | | |
| If not, reason for no consent: | | | | | |
| For adults: Has the individual given consent for this information to be reported? | | | | | |
| Y N If not, reason for no consent: | | | | | |
| 7. Any other relevant information Anything else you think it would be helpful to explain, including any actions already taken: | | | | | |
| | | | | | |
| 8. Your details | | | | | |
| Name: | Church role: | | | | |
| Signature: | Date: | | | | |
| Email address: | Phone number: | | | | |

Safeguarding Office, The United Reformed Church, 86 Tavistock Place, London WC1H 9RT