



## **CHILD SAFEGUARDING REPORTING FORM**

This report form may be filled out by any person to whom a child discloses the incident, or by the child safeguarding focal person (Child Protection Officer). This should be determined on a case by case basis. This reporting form will be available online (accessible on the GSK Initiative website) whereby the author has the opportunity to be anonymous.

### **PLEASE TYPE YOUR REPORT CONFIDENTIAL**

Child Safeguarding Incident Report Form

**GSK Initiative activity:** \_\_\_\_\_

**Child's name: Case no:** \_\_\_\_\_

**Referral details:** \_\_\_\_\_

Time: Date: \_\_\_\_\_

Place: \_\_\_\_\_

#### **Referrer's details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone no: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#### **Child's details:**

Name: \_\_\_\_\_

Age: Date of birth: Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Household structure: \_\_\_\_\_

School: Class: Teacher: \_\_\_\_\_



Ethnicity/Tribe: \_\_\_\_\_

Language spoken: \_\_\_\_\_

Religion: \_\_\_\_\_

Any Disability: \_\_\_\_\_

Identity no: \_\_\_\_\_

Status/whose legal responsibility: \_\_\_\_\_

**Relevant points/recent changes regarding the child's behaviour?**

**Any other information:** \_\_\_\_\_

**Details of concern:** \_\_\_\_\_

**What, who, where, when (*including child's words if possible*):**

\_\_\_\_\_

**Alleged Perpetrator's details (if known)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

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

Employment details: \_\_\_\_\_

Nature of job: \_\_\_\_\_

Identify if GSk Initiative member or partner agency is the employer:

\_\_\_\_\_

Relationship, if any, to child: \_\_\_\_\_



Current location of alleged perpetrator: \_\_\_\_\_

\_\_\_\_\_

Current safety of child including location: \_\_\_\_\_

\_\_\_\_\_

Has emergency medical attention been required? \_\_\_\_\_

\_\_\_\_\_

Provided by: \_\_\_\_\_

Any other relevant information or comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who else knows? \_\_\_\_\_

Include contact details.

Agencies: \_\_\_\_\_

Family members or other individuals: \_\_\_\_\_

**Actions taken to date** e.g. Referral to police, children's services, social welfare, other. Give contact details and date and time of action.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referral taken by (where possible, the Dedicated Child Safe guarder)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_



Location: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (on hard copy): \_\_\_\_\_

**This section is to be completed by Child Safeguarding Focal Person (Child Protection officer/Program Officer) following receipt of referral:**

**Action to be taken**

Name: Position: \_\_\_\_\_

Location: \_\_\_\_\_

Date and time referral received: \_\_\_\_\_

**Identity of the alleged perpetrator, if known:**

Any connection with GSK Initiative member or partner: \_\_\_\_\_

- a) Is this a case to be dealt with under External Procedures i.e. Yes/No
- b) No connection with Child Rights Connect, member or partner? Yes/No
- c) Is this a case to be dealt with under Internal Procedures? Yes/No

**If yes, immediately contact Executive Director, President of GSK Initiative for guidance.**

Date contact made: \_\_\_\_\_

**Decision made by CPO/PO for immediate action as agreed in the Child Safeguarding Procedure?** (Please specify who is to do what and when and give names and contact details of people to be contacted.)

Referral to police (if not, why not?) Yes/No

Referral to Child Protection Services Yes/No



Other action required to ensure child not at further risk from alleged perpetrator: \_\_\_\_\_

\_\_\_\_\_

Referral for medical treatment/ to meet health needs Yes/No

Name of referrer to child safeguarding focal person (CPO/PO) and date referral passed on:

\_\_\_\_\_

Signature of CPO/PO & Name arranging any above action:

\_\_\_\_\_