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| **This document contains confidential information and must only be shared on a ‘need to know’ basis** |

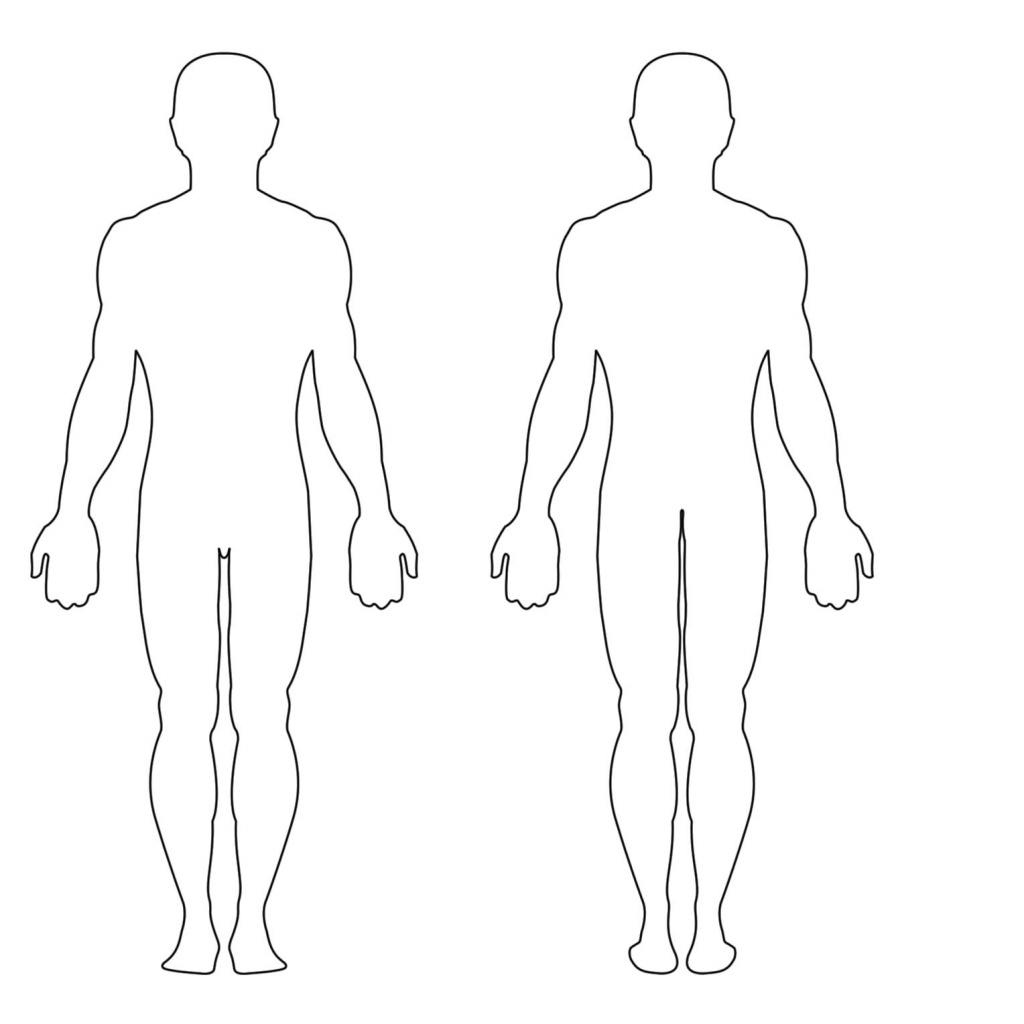
**Parish of Holy Trinity & Christ Church, Richmond**

Cause for Concern Form

Please record any concerns you notice or are disclosed about a child, vulnerable adult or family and return this form immediately to **Anke Marais** ([anke.marais@htrichmond.org.uk](mailto:anke.marais@htrichmond.org.uk)) and **Graham Bamping** ([graham.bamping@htrichmond.org.uk](mailto:graham.bamping@htrichmond.org.uk)), our Parish Safeguarding Officers (PSOs). In their absence, please contact the **Diocesan Safeguarding Adviser** (DSA) on 020 7939 9423 (office hours) or 07982 279713 (out of hours). If you have immediate concerns about the safety of someone, contact the **Police** on 999 and the Local Authority **Single Point of Access** (SPA) Team on 020 8547 5008 (0800-1715 Monday to Thursday and 0800-1700 Friday) or 020 8770 5000 (out of hours)

Please be specific and record facts only. Make a note of your observations as soon as possible after the event. Do not investigate yourself or make promises that you cannot keep. All details are to be kept confidential.

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| **Name of child/vulnerable adult/family:** |
| **Date of concern:** |
| **Date concern recorded:** |
| **Nature of Concern (what did you hear, see, notice, observe etc? If you see any signs of visible harm or physical injury, indicate them on the body map overleaf):** |
| **Name of Person Reporting:** |
| **Has this form been submitted to the PSO/DSA?** |
| **Has this form been escalated to any other team or statutory agency? If so, which?** |
| **Action Taken by PSO/DSA:** |



**FRONT BACK**

**If you feel it will be helpful to explain further anything you have recorded on the body map above, then please record it here:**