

Dundee United FC CHILD WELLBEING AND PROTECTION

CONCERN RECORDING FORM

- This form must be completed as soon as possible after receiving information which causes a concern.
- Contact the Club's Child Wellbeing and Protection Officer, Andy Macgregor, on 07860667139 (or Academy Operations and Partnership Manager, Michael McPake, on 07429342720) to report the concern, then
- Email the completed form to andy.macgregor@dundeeunitedfc.co.uk as soon as possible after completion. Do not delay by attempting to obtain information to complete all sections.
- Please do not keep any electronic, printed or written versions of this form. It is important to maintain confidentiality; delete or shred as soon as the information has been passed on.
- Complete Part A when the concern relates to the wellbeing of a child *and / or*
- Complete Part B where the concern relates to the conduct of an adult.
- Make sure that your contact information is provided.
- If you need extra space in any section, use a blank sheet and attach it.

PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included)

1. CHILD'S DETAILS

Name: _____

Date of Birth: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Child's Named Person / School: _____

Named Person Tel Number: _____

Preferred Language: _____ Interpreter Required? Yes / No

Any Additional Needs? _____

2. DETAILS OF SITUATION GIVING RISE TO CONCERNS

(including date, time, location, nature of concern, who/what/where/when, child's words)

3. DETAILS OF ANY WITNESSES / OTHER PEOPLE INVOLVED

(including names, addresses, contact phone numbers)

4. DETAILS OF ANY INJURIES

(including all injuries sustained, location of injury and action taken)

5. CHILD'S VIEWS ON THE SITUATION (If expressed/disclosure)

(if possible, use the child's own words)

PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT

6. DETAILS OF ADULT

Name: _____

Tel No: _____

Address: _____

_____ Postcode: _____

Relationship to Child/Children: _____

7. DETAILS OF SITUATION GIVING RISE TO CONCERNS

(including date, time, location, nature of concern, who/what/where/when/why, continue on a separate sheet if necessary)

8. DETAILS OF ANY ACTION TAKEN

9. DETAILS OF ANY AGENCIES CONTACTED

(including date, time, name of person and advice received)

10. HAVE THE CHILD’S PARENTS / CARERS BEEN INFORMED

Yes / No

(If yes, record details, if no please state why not)

PART C – YOUR CONTACT INFORMATION

11. Details of Person Recording Concerns

Name: _____

Tel No: _____

Address: _____

_____ Postcode: _____

Email: _____

Position/Role: _____

Signed (if paper copy submitted): _____

Date: _____