

# Record of concern about an adult's safety and welfare

*For use by staff and volunteers. Please take care in writing legibly.*

Person's name .....	Date of birth or age .....
Address .....	
.....	
Any other contact details eg Phone number or email address .....	

Nature of concern: eg disclosure, change in behaviour, demeanour, appearance, injury:  
*Please include as much factual detail as possible, including dates, times, description of events, full names and whether the information is first-hand or the accounts of others. The quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.*

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How did the concern come to light? *Is it your own concern or one raised by someone else?:*

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If raised by someone else, please provide their full name and contact details:

Name.....

Address .....

Telephone Number ..... Email Address .....

Provide details of the person causing harm, if known:

Name.....

Address .....

Telephone Number ..... Email Address .....

Provide details of any witnesses to the concern:

Name.....

Address .....

Telephone Number ..... Email Address .....

Any other relevant information: .....

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Your name ..... Signature.....

Date and time of discussion with Safeguarding Co-ordinator.....

**Please pass this form to the Safeguarding Co-ordinator without delay**

The Safeguarding Coordinator holds ultimate responsibility in responding to any safeguarding concerns within Life Church Bath and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate link between statutory agencies if required. They will make the most appropriate link between Life Church Bath and external agencies.