



# CONCERNS ABOUT A CHILD, YOUNG PERSON OR VULNERABLE ADULT IN THE CHURCH

## The Methodist Church Bolton & Rochdale District

This report should be completed, in duplicate, immediately after any concern is noted. One copy should be retained by the person completing the form and one copy given to the Church Safeguarding Co-ordinator. The Safeguarding Co-ordinator should sign their copy, and discuss with the Minister what follow up action is necessary.

**REMEMBER – OUR ROLE IS NOT TO INVESTIGATE**

Name of Church:

Name of your group:

**WHO IS THE CHILD/YOUNG PERSON/VULNERABLE ADULT WHO YOU ARE CONCERNED ABOUT**

Name:

Address:

Post Code:

Date of Birth:

Gender:

Male       Female

**WHO ARE THE PARENT[S]/GUARDIAN[S] OF THE CHILD**

Name of Mother:

Name of Father:

Address [if different from above]

Telephone No.:

Mobile No:

**WHO IS THE PERSON ABOUT WHOM CONCERNS ARE EXPRESSED**

Name:

Address:

Post Code:

Telephone No.:

Role within the Church:

**WHO IS THE PERSON EXPRESSING CONCERN**

Name:

Address:

Post Code:

Telephone No.:

Mobile No:

Role within the Church:

Day, Date and Time of the Incident

Who witnessed the incident?  
[names, addresses, telephone numbers and ages if under 18 – normally only two witnesses will be needed]

Describe any injuries sustained by the child/young person/vulnerable adult.

Brief description of the incident [include location]:

Indicate action taken, including any of the emergency or statutory services contacted.

Signature of the person expressing concern:

Date:

Time:

Signature of Church Safeguarding Co-ordinator:

Date: