

Minister

Tel

E mail:

----------------------------------------------------------------

Safeguarding Officer

Tel

E mail:

**Church / Circuit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject**  Alleged Victim  Alleged Abuser  DOB | Name and Address | | | Tel/Mob/Email | |
| **Subject**  Alleged Victim  Alleged Abuser  DOB | Name and Address | | | Tel/Mob/Email | |
| **Contact Person (Referrer)** | | **Position** | **Church/Agency** | | **Tel/Mob/Email** |
|  | |  |  | |  |
| date(s) referred date opened date(s) closed | | | | | |
| Children Adults Allegation (church officer)    Physical Domestic Abuse  Neglect Financial    Psych/emotional Discriminatory  Sexual abuse Organisational    Sexual abuse non-current Spiritual    Child Sexual Exploitation Online Modern Slavery    School/Nursery  Groups attended  GP | | | | | |
| Notes | | | | | |

**Initial Information as Reported**

**Signed**

**Name :**

**Date:**

A copy of this form should be retained confidentially in the circuit by the **Circuit Safeguarding Officer** . A copy should be e mailed to the **District Safeguarding Officer.**

*Ongoing Record*