

**CHURCH SAFEGUARDING CONCERN FORM**

(Any person can complete this form)

**PLEASE NOTE:** If you are worried about contacting us and giving your details, please be assured that we will do what we can to support you. Please telephone your District Safeguarding Officer and they can talk with you about this. Your District Safeguarding Officer can also help you to complete this form or take details over the telephone.

We can arrange pastoral care for you if you would find this helpful. If you would like this, please tick here

or contact your District Safeguarding Officer.

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Role/Position:** |  | | |
| **Tel:** |  | | |
| **E-mail:** |  | | |
| **Circuit/District:** |  | | |
| **Date:** |  | **Time:** |  |

**Details of the person you are worried about**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Address:** |  | |
| **Postcode:** |  |
| **Tel:** |  | |
| **E-mail:** |  | |
| **Child or Adult:** | **Approximate age or date of birth if known:** | |
| **Role (if applicable):** |  | |
| **Church/Circuit:** |  | |

**If the person you are worried about is a child or vulnerable adult, it would be helpful if you could give some details about their carer.**

**Parent/Guardian/Carer**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Address:** |  | |
| **Postcode:** |  |
| **Tel:** |  | |
| **E-mail:** |  | |

**Please tell us what you are worried about, when this happened and where:**

**Could you tell us what action has already been taken (if any)?**

**Please let us know of any other information you think would be helpful for us to know:**

PLEASE NOTE:

We may need to share the information you have provided with other agencies to help ensure the person you are referring and others are safe. If the information is passed on to the statutory authorities your name may be disclosed to the person you are referring.

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Thank you for completing this form.