



Contagious Safeguarding Report Form

This form should be completed by the person to whom a disclosure had been made, or by a witness to a situation which raises safeguarding issues.

**It should be signed by the person completing the form
The form should also be signed by the Safeguarding Officer.**

Following the event the form will be collated with any other paperwork and sent to Contagious Administrator for secure storage.

In the event of an external investigation a copy of this information will be passed to the police and/or Social Work Services.

Name of the Conference/Region _____

About the Child/Young Person;

Name _____

Date of Birth _____

SUS group _____

Church (if known) _____

About the Contagious Conference;

Name of SUS Leader(s) _____

Mobile/s _____

Name of Safeguarding Officer _____

Mobile of the Safeguarding Officer _____

About the Incident;

Place where the disclosure or incident for concern was raised;

Date and time when concern was raised _____

Name and contact details of people who were present at time concern raised;

Name _____ Contact _____

Name _____ Contact _____

Name _____ Contact _____

(please use additional sheet if more space required)

What was the child/young person's **body language and behaviour** during this period of time

