

# The United Reformed Church

## Safeguarding Concern Form



**GOOD  
PRACTICE 6  
F1**

If you have immediate concerns about someone's safety, please contact the police or your Local Authority Children or Adult Social Care Services (England) or your Local Safeguarding Board (Wales).

- Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding concern and send it to your Church Safeguarding Coordinator (CSC) or Synod Safeguarding Officer (SSO).
- Please provide as much detail as you can but don't worry if you can't complete all sections. It is more important to send the form promptly to the CSC or SSO who will then follow it up and obtain more information.

*Church name:* **Witham United Reformed Church**

*Synod:* **Eastern**

### 1. What the concern is about

Does the concern relate to: (tick any that apply)

- |                                        |                                     |                                              |
|----------------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Children      | <input type="checkbox"/> Adult      | <input type="checkbox"/> Adults and children |
| <input type="checkbox"/> Current event | <input type="checkbox"/> Past event |                                              |

### 2. Type of concern

If you feel able, please indicate which of these you think apply:

- |                                                    |                                          |                                               |
|----------------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Not sure                  | <input type="checkbox"/> Physical abuse  | <input type="checkbox"/> Online abuse         |
| <input type="checkbox"/> Spiritual abuse           | <input type="checkbox"/> Sexual abuse    | <input type="checkbox"/> Self-neglect         |
| <input type="checkbox"/> Child sexual exploitation | <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Financial abuse      |
| <input type="checkbox"/> Adult sexual exploitation | <input type="checkbox"/> Neglect         | <input type="checkbox"/> Modern slavery       |
| <input type="checkbox"/> Radicalisation            | <input type="checkbox"/> Domestic abuse  | <input type="checkbox"/> Institutional abuse  |
| <input type="checkbox"/> Mental Capacity Act       | <input type="checkbox"/> Self-harm       | <input type="checkbox"/> Discriminatory abuse |
| <input type="checkbox"/> Other                     |                                          |                                               |

### **3. Who is involved**

Details of person suspected of causing harm/presenting a risk/causing concern:

*Name:*

*Contact details (if available):*

*Other relevant information about them:*

*If there are specific individuals who have been harmed / are at risk of harm, give details:  
Name, age, where they live:*

*Details of other significant people involved (eg family members, carers)*

### **4. What has happened**

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

How did the information come to light?

*For example, something you saw or heard, victim disclosure, information from other organisation:*

If the events happened in the past, do you think there is an ongoing risk to anyone now?

☐ Y      ☐ N

*If, yes, please give details:*

**5. Who else knows about the concern**

Have any statutory services or other organisations been informed of these concerns?

*If yes, please give names and contact details if possible:*

Are there other people in the church/family/wider community who know about it?

**6. Consent for information to be reported**

For children:

Have parents/carers/guardians given consent for this information to be reported?

☐ Y      ☐ N

*If not, reason for no consent:*

For adults:

Has the individual given consent for this information to be reported?

☐ Y      ☐ N

*If not, reason for no consent:*

**7. Any other relevant information**

*Anything else you think it would be helpful to explain, including any actions already taken:*

**8. Your details**

Name:

Church role:

Signature:

Date:

Email address:

Phone number: