

Parish: Parish of Alston Moor

Church (if applicable):

PSO
Tel
E mail:

Incumbent
Tel
E mail:

| | | |
|--|------------------|---------------|
| Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input type="text"/> | Name and Address | Tel/Mob/Email |
|--|------------------|---------------|

| | | |
|--|------------------|---------------|
| Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input type="text"/> | Name and Address | Tel/Mob/Email |
|--|------------------|---------------|

| Contact Person (Referrer) | Position | Church/Agency | Tel/Mob/Email |
|---------------------------|----------|---------------|---------------|
| | | | |

| | | |
|--|-------------------------------------|--|
| <input type="text"/> date(s) referred | <input type="text"/> date opened | <input type="text"/> date(s) closed |
|--|-------------------------------------|--|

| | | |
|--|---|--|
| Children <input type="checkbox"/> | Adults <input type="checkbox"/> | Allegation <input type="checkbox"/> (church officer) |
| Physical <input type="checkbox"/> | Domestic Abuse <input type="checkbox"/> | |
| Neglect <input type="checkbox"/> | Financial <input type="checkbox"/> | |
| Psych/emotional <input type="checkbox"/> | Discriminatory <input type="checkbox"/> | |
| Sexual abuse <input type="checkbox"/> | Organisational <input type="checkbox"/> | |
| Sexual abuse non-current <input type="checkbox"/> | Spiritual <input type="checkbox"/> | |
| Child Sexual Exploitation <input type="checkbox"/> | Online <input type="checkbox"/> | Modern Slavery <input type="checkbox"/> |
| School/Nursery <input type="text"/> | | Groups attended <input style="width: 100px; height: 40px;" type="text"/> |
| GP <input type="text"/> | | |

Name:

Case No:

Notes

Initial Information as Reported

Signed

A copy of this form should be retained confidentially in the parish by the **Parish Safeguarding Officer**. A copy should be e mailed to the **Diocesan Safeguarding Adviser**.

Name:

Case No:

Ongoing Record

Name:

Case No: