

Minister

Tel

E mail:

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

Safeguarding Officer

Tel

E mail:

**Church / Circuit**

|  |  |  |
| --- | --- | --- |
| **Subject**Alleged VictimAlleged Abuser DOB | Name and Address | Tel/Mob/Email |
| **Subject**Alleged VictimAlleged 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 DiscriminatorySexual abuse Organisational Sexual abuse non-current Spiritual Child Sexual Exploitation Online Modern Slavery  School/Nursery  Groups attendedGP |
| 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*