

ST PAUL'S KIDS



Listen to God



Enjoy Him



Do what He says

Child Protection Action Sheet

CONFIDENTIAL

Please hand directly to Anna Hawken or Judith Jackson.

Do not discuss your concerns with anyone else.

Name of Child

Group **D.O.B**

Name of person reporting the incident

Date **Time of Incident**

Concern to report (sequence of events / actual words used / observations)

You may use the skin map form if appropriate but do not under any circumstances undress the child.

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Action Taken (including person(s) contacted)

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Signed **Date**