|  |  |
| --- | --- |
| **RECORD KEEPING PROFORMAS**  **Appendices to School Safeguarding Records Practice Guidance** [**http://www.thegrid.org.uk/info/welfare/child\_protection/policy/local.shtml**](http://www.thegrid.org.uk/info/welfare/child_protection/policy/local.shtml) | |
| **One** | Safeguarding record front sheet |
| **Two** | Chronology |
| **Three** | DSP/L safeguarding record of actions |
| **Four** | Transition summary document  ***(for use by Secondary Schools to FE College before confirmed enrolment)*** |
| **Five** | Transfer of safeguarding records |
| **Six** | Record of DSP/L meetings |

##### Appendix 1 Page 1/2

**SCHOOL NAME SCHOOL LOGO**

# **SAFEGUARDING RECORD FRONT SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pupil name:** | | | | **Date of birth:** | | |
| **Any other name by which child is known:** | | | | | | |
| **Home address:**  **Telephone no:** | | | **Current address (if different)** | | | |
| **Family members i.e. parents / carers / siblings:** | | | | | | |
| **Name** | **Relationship** | | | **Address** | | **School details** |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **Additional information, i.e. level of contact with family members** | | | | | | |
| **Date file started:** | | | | | | |
| **Are records held in school relating to other connected children?** | | | | | | |
| **Contact details of other professionals** | | | | | | |
| **Name** | | **Agency** | | | **Address** | |
|  | |  | | |  | |
|  | |  | | |  | |

##### Appendix 1 Page 2/2

**SCHOOL NAME SCHOOL LOGO**

|  |
| --- |
| **Legal Parental Responsibility (PR) held by:**   * **Name** * **Relationship to child** * **Proof of PR seen** * **Name** * **Relationship to child** * **Proof of PR seen?** |
| **Legal orders in place[[1]](#footnote-1)? YES/NO**  **Type of order (Non-Molestation, Care, Child Arrangement Order [[2]](#footnote-2)etc.)**  **Copy on file? YES/NO** |
| **Known to other multi-agency forums (e.g. Multi-Agency Risk Assessment Conference MARAC)?** |

##### Appendix 2 Page 1/1

**SCHOOL NAME SCHOOL LOGO**

# **CHRONOLOGY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pupil Name:** | | | **Date of birth:** | | |
| **Date of event** | **Date information received/ recorded** | **Significant event** | | **Source of information** | **Recorded by (full name and job title)** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

##### Appendix 3 Page 1/1

**SCHOOL NAME SCHOOL LOGO**

**DSP/L SAFEGUARDING RECORD OF ACTIONS**

**(to be attached to record of concern form as required)**

|  |  |
| --- | --- |
| **Date** | **Details** |
|  |  |
| **Signature** |  |

##### Appendix 4 Page 1/2

**SCHOOL NAME SCHOOL LOGO**

**TRANSITION SUMMARY DOCUMENT**

***PRIVATE AND CONFIDENTIAL***

**For use by Secondary Schools to FE College before confirmed enrolment**

**CONSENT TO SHARE INFORMATION PRIOR TO ENROLMENT**

**To be completed by student**

|  |
| --- |
| **I** <insert name> **give consent for the information below to be shared**  **with** <insert name of provider>.  **Date** |
| **Signature of student** |

***If consent from student has not been sought, you may wish to seek legal advice before sharing information. If you wish the FE provider to contact you directly for further information pertaining to this student, please provide a contact name and number of the relevant Designated Senior Person/Safeguarding Lead.***

**Name of contact**

**Telephone number**

##### Appendix 4 Page 2/3

**SCHOOL NAME SCHOOL LOGO**

***PRIVATE AND CONFIDENTIAL***

|  |
| --- |
| **Student’s name:** |
| **DOB:** |
| **Address:** |
| **Name of contact if further discussion is required:** |
| **School:** |
| **Telephone number:** |
| |  | | --- | | **Please provide below a brief overview of any recent / ongoing safeguarding concerns that the College need to be aware of in advance to support and safeguard the student, others or**  **the wider community. This should include any potential or actual risk identified to any**  **party.** | |
| **Are there any agencies are currently working with the student? (please tick)**   |  |  | | --- | --- | | Children’s Services | CAMHS | | Probation | Intensive Families Support Team | | Police | Targeted Youth Support Service /Youth Offending | | Other- please state | | |

##### Appendix 4 Page 3/3

**SCHOOL NAME SCHOOL LOGO**

***PRIVATE AND CONFIDENTIAL***

|  |
| --- |
| **Has the student been subject to a Child in Need Plan, a Child Protection Plan, Families First Assessment, Education Health Care Plan or Personal Education Plan?** *Please give further details about the support they are currently receiving.* |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **What areas of support would you recommend the student will need at College?( Please tick and annotate as necessary)**   |  |  |  | | --- | --- | --- | | Additional Learning Support | Family support | Substance Misuse | | Life Skills | Health Advice | Emotional Wellbeing | | Risk of offending/reoffending | Counselling | Housing | | Basic Skills | Risk Assessment Management Plan (RAMP) for sexually harmful behaviour  *(Please indicate if this is for risk to others or risk to themselves)* | Safety and support plan  *(Please indicate if this is for risk to others or risk to themselves)* | | Mentoring | Financial | Other, please state below | | Families First Assessment | Relationships | Personal Safety (including e-safety) | | | | |  |  | |  | |  | |
| **Please can you provide further information concerning any recommendations for support?** |

##### Appendix 5 Page 1/2

**SCHOOL NAME SCHOOL LOGO**

**TRANSFER OF SAFEGUARDING RECORDS**

**PART 1: To be completed by school sending records**

* Please ensure that the safeguarding file is passed to the DSP/L at the receiving school using a secure method of delivery with Part 1 of this form completed.
* The file should be transferred within 5 working days
* Advice on transfer of information is available within the CPSLO Pupil Safeguarding Records guidance available at [www.thegrid.org.uk/info/welfare/child\_protection/policy/local.shtml#pupilsafe](http://www.thegrid.org.uk/info/welfare/child_protection/policy/local.shtml#pupilsafe) .
* You are advised to keep a copy of this form for your own reference.
* We advise that you contact the DSP at the receiving school prior to sending the child’s safeguarding file.

|  |  |
| --- | --- |
| NAME OF CHILD |  |
| DOB: |  |
| NAME OF SCHOOL  SENDING SAFEGUARDING FILE: |  |
| ADDRESS OF  SENDING SCHOOL: |  |
| DATE FILE SENT: |  |
| NAME OF  DESIGNATED SENIOR PERSON/SAFEGAURDING LEAD(DSP/L)FOR SAFEGUARDING: |  |
| METHOD OF  DELIVERY: |  |
| SIGNATURE: |  |

##### Appendix 5 Page 2/2

**SCHOOL NAME SCHOOL LOGO**

**TRANSFER OF SAFEGUARDING RECORDS**

**PART 2: To be completed by receiving school**

* Please complete and return this form to the DSP/L listed in Part 1 above.
* If you choose to return this form electronically, please ensure this is completed securely in line with your Data Protection policy. Guidance on how to encrypt a file can be found at [www.thegrid.org.uk/info/dataprotection/#securedata](http://www.thegrid.org.uk/info/dataprotection/#securedata)
* You are advised to keep a copy of this form for your own reference.
* The safeguarding file should be stored in accordance with the CPSLO Pupil Safeguarding Records guidance available at [www.thegrid.org.uk/info/welfare/child\_protection/policy/local.shtml#pupilsafe](http://www.thegrid.org.uk/info/welfare/child_protection/policy/local.shtml#pupilsafe) .

|  |  |
| --- | --- |
| NAME OF SCHOOL RECEIVING FILE: |  |
| ADDRESS: |  |
| NAME OF CHILD |  |
| DOB: |  |
| DATE RECEIVED: |  |
| NAME OF DESIGNATED SENIOR PERSON /SAFEGAURDING LEAD (DSP/L) RECEIVING FILE: |  |
| IS THE FILE INTACT ON RECEIPT? |  |
| SIGNATURE |  |

##### Appendix 6 Page 1/1

**SCHOOL NAME SCHOOL LOGO**

**RECORD OF DSP/L MEETINGS**

**(To be kept by Lead DSP/L)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF MEETING: | | | |
| PRESENT: | | | |
| CHILD | CONCERN/UPDATE | ACTION TO BE TAKEN | WHO WILL TAKE ACTION AND DATE TO BE COMPLETED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| OTHER ISSUES DISCUSSED: | | | |
| DATE OF NEXT MEETING: (DD MM YY) | | | |

1. An education setting might need to know that there is a legal order in place regarding an adult’s contact with a child e.g. if the parent collecting the child from school is different to the one who brought the child into school , does the parent collecting have the authority to remove the child, within the terms of the legal order? [↑](#footnote-ref-1)
2. Child Arrangement Orders have replaced Residence Orders and Contact Orders (Residence Orders and Contact Orders made before the change will remain in force).   [↑](#footnote-ref-2)