

Trinity & Victoria After School Club

Child Protection Report

Name of child _____

Address _____

D.O.B _____

Parents Name(s) _____

Date & Time of Report:

:

Details of what happened/disclosure of allegations:

(try and reflect language used where disclosure is made by a young person)

Behavioural Changes/Physical Indicators:

Dates when noted: _____

Details of what child/parents/carers have said:

Action taken so far (who has been contacted/who knows about the current situation:

