

MCCC SAFEGUARDING INCIDENT FORM

This form (Sections 1-4) should be completed by the member of the Safeguarding Team who is on site and passed onto the Senior Safeguarding Officer (SSO) to complete section 5.

SECTION 1: CONTACT INFORMATION FOR CHURCH, SSO AND INCIDENT REPORTER

Name of Church:	Manchester Chinese Christian Church
Contact details of the Church:	100 Yarburgh Street, Whalley Range, Manchester, M16 7EH +44 (0)161 459 4978 admin@manchesterccc.org.uk

Name of Senior Safeguarding Officer:	
Contact details of Senior Safeguarding Officer:	

Name of individual to whom disclosure was given/Incident Reporter:	
Congregation or Ministry Department:	
Contact details of individual to whom disclosure was given/Incident Reporter:	

SECTION 2: INDIVIDUAL(S) OF CONCERN (the one harmed or the one causing harm or both)

If more space is needed then please use additional paper and provide all the necessary information.

Role in Incident: (select from: <i>the one harmed, the one causing harm or both</i>):		
Name:		
Date of Birth:		
Address:		
Phone Number:		
Email Address:		
Congregation or Ministry Department:		

SECTION 3: REPORT OF THE INCIDENT

What happened? *(Nature of concern / disclosure made using the individual of concern's own words if known)*

When did the incident happen? *(date and time)*

Where did it happen? *(specific location)*

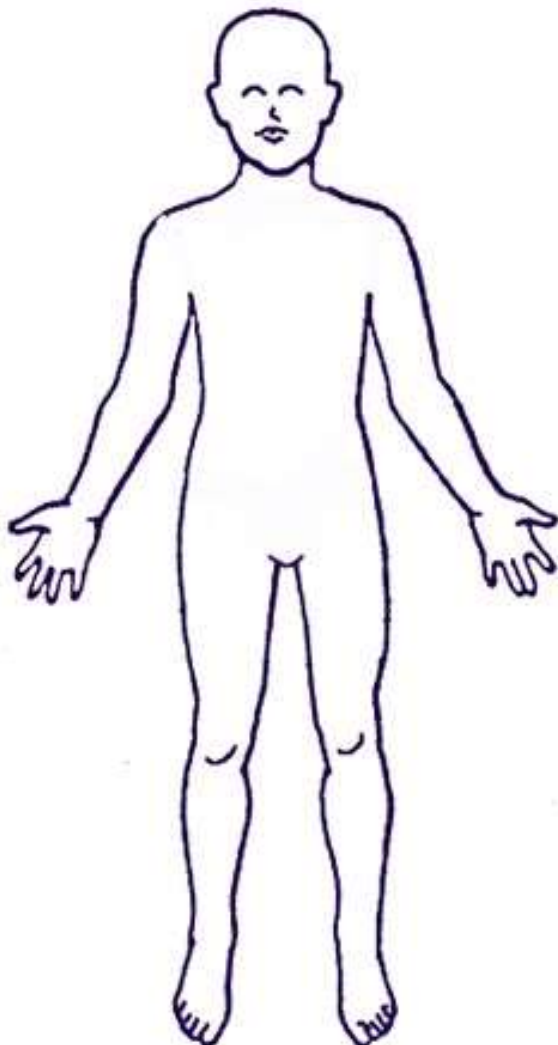
Who was allegedly involved and in what way? *(includes witnesses)*

SECTION 4: BODY MAP (IF APPLICABLE)

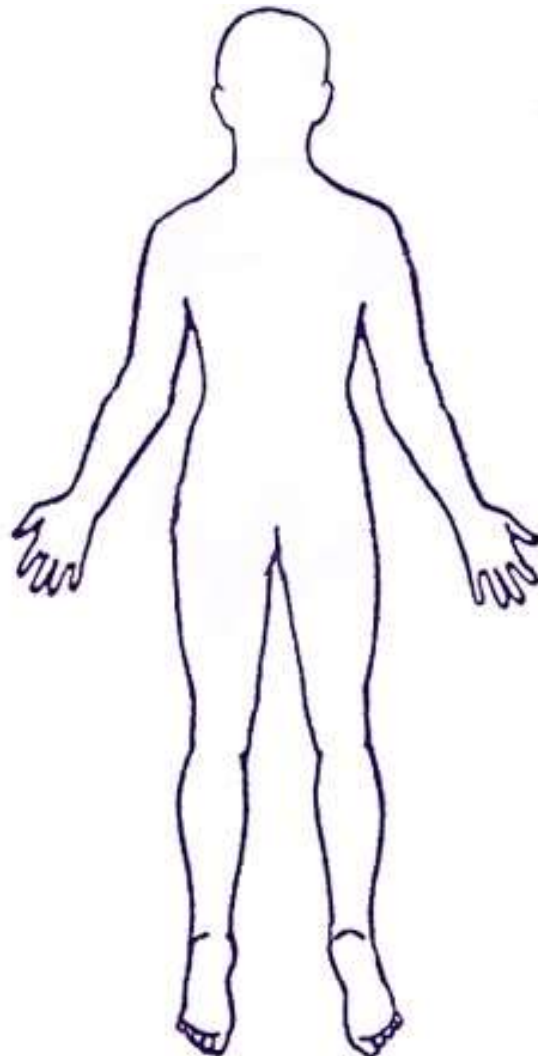
These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**

Name of individual of concern:	
Name of person completing this form:	

FRONT



BACK



Important Note: Please now go the final page to sign and date this form before passing this onto the Senior Safeguarding Officer.

SECTION 5: ANY ACTION TAKEN AND NEXT STEPS

This section of the form onwards is to be filled in by the Senior Safeguarding Officer.

ANY ACTION THAT HAS ALREADY BEEN TAKEN *(please tick the relevant box)*

a) Have the carers or parents / guardians been informed?

Yes		No	
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If so, when and by whom?

b) Have any statutory authorities been informed?

Yes		No	
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If so, please complete the following table on the next page.

	<i>Example</i>	Authority 1	Authority 2
Authority:	<i>Police</i>		
Name:	<i>Bobby</i>		
Position:	<i>Child abuse officer</i>		
Email Address:	<i>bobby@police.com</i>		
Phone Number:	<i>07 999</i>		
Contacted by:	<i>Joe Bloggs</i>		
Date & time of contact:	<i>1.30pm 01/04/2021</i>		

If more space is needed then please use additional paper and provide all the necessary information.

What further action needs to be taken?

Who is responsible for this?

SIGNATURES

Minister/Ministry Safeguarding Officer:

Date and time:

Senior Safeguarding Officer:

Date and time:
