

FELLSIDE TEAM OF PARISHES

Parish:

PSO Tel E mail:
Incumbent Tel E mail:

Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input style="width: 100%;" type="text"/>	Name and Address	Tel/Mob/Email
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Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input style="width: 100%;" type="text"/>	Name and Address	Tel/Mob/Email
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Contact Person (Referrer)	Position	Church/Agency	Tel/Mob/Email

date(s) referred	date opened	date(s) closed

Children <input type="checkbox"/>	Adults <input type="checkbox"/>	Allegation <input type="checkbox"/> (church officer)
Physical <input type="checkbox"/>	Domestic Abuse <input type="checkbox"/>	
Neglect <input type="checkbox"/>	Financial <input type="checkbox"/>	
Psych/emotional <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	
Sexual abuse <input type="checkbox"/>	Organisational <input type="checkbox"/>	
Sexual abuse non-current <input type="checkbox"/>	Spiritual <input type="checkbox"/>	
Child Sexual Exploitation <input type="checkbox"/>	Online <input type="checkbox"/>	Modern Slavery <input type="checkbox"/>
School/Nursery <input style="width: 100%;" type="text"/>		Groups attended <input style="width: 100%; height: 80px;" type="text"/>
GP <input style="width: 100%;" type="text"/>		

Notes

Name:

Case No:

Initial Information as Reported

Signed

A copy of this form should be retained confidentially in the parish by the **Parish Safeguarding Officer**. A copy should be e mailed to the **Diocesan Safeguarding Adviser**.

Ongoing Record

Name:

Case No: