

## Coalfields Regeneration Trust (CRT) Child Protection Cause for Concern Form

### Details of child and parents/carers

Name of child:			
Gender:		Age:	Date of birth:
Name(s) of parent(s)/carer(s):			
Child's home address and address(es) of parents (if different from child's):			

### CRT staff details

Name:		Job title:	
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### Report

Date and time of incident (if applicable):			
Whose concerns are you reporting? (tick as appropriate)			
Own concerns		Responding to concerns raised by someone else	
If you are responding to concerns raised by someone else, please provide their name and position:			
Please provide details of the incident or concerns, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details. When a discussion with a child has taken place please include details such as the time, place and relationship with the child and when explaining the concern use his/her own words as much as possible. Please continue on an extra sheet if needed:			

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

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Provide details of anyone who has witnessed the incident or who shares the concerns:

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Are you aware of any previous incidents or concerns relating to this child and any current risk management plan/support? If so, please provide details:

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If this form has been completed with the child involved please ensure that it is read back to him/her and that they sign it before it is sent to the Safeguarding Advisor.

Your Name:	
Your Signature:	
Child's Name:	
Child's Signature:	