

CHILD SAFE CONCERNS ANECDOTAL RECORD

Complete and give to your Ministry team Leader

The completed form will then be passed on to the Senior Pastor of Church By the Bay, who will take further action. This form must be kept secure and confidential at all times.

Ministry Group: _____

Team Leader: _____

Name of Leader filling in this form: _____

Name of Child: _____

Age of Child: _____

Describe your concerns, what was observed or what was said:

It is important to provide as much information as possible, basing your information on facts and observations, without making assumptions or jumping to conclusions or making 'value judgements.

Time and Date of the incident or recording

Date: _____ Time: _____

Signature: