## LIFE CHURCH

### Record of concern about an adult's safety and welfare

For use by staff and volunteers. Please take care in writing legibly.

Date of incident:	
Time of incident:	
Name of person completing this form:	
Signed:	
Dated:	
Adult's Name:	
Date of birth or age:	
Address (or approx. area):	
Contact Details:	
Nature of concern:	
(e.g. disclosure, change in behaviour, demeanour, appearance, injury. Please include as much factual detail as possible.	
Continue on a separate sheet as necessary.)	

### LIFE CHURCH

#### BATH

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How did the concern come to light:	
Is it your own concern or raised by someone else?	
If raised by someone else, please provide their full name and contact details:	
If known, provide details of the person causing harm:	
Any other relevant information:	
Action taken so far:	
Date and time of discussion with a member of the Safeguarding Team:	
Name of Safeguarding Team you discussed this with:	

# Please pass this form to the Safeguarding Coordinator or a member of the Safeguarding Team without delay or email to <u>safeguarding@lifechurchbath.com</u>

The Safeguarding Coordinator holds ultimate responsibility in responding to any safeguarding concerns within Life Church Bath and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate links between statutory agencies if required. They will make the most appropriate link between Life Church Bath and external agencies.