



**Who was allegedly involved and in what way?**

---

---

---

---

---

**Write down anything the young person / adult has said, as exactly as possible:**

---

---

---

---

---

**Describe any behavioural changes in the young person / adult that you have observed:**

---

---

---

---

---

**Who have you spoken to about your concerns (tick as appropriate)?**

- |                 |                          |             |                          |
|-----------------|--------------------------|-------------|--------------------------|
| The Individual  | <input type="checkbox"/> | Police      | <input type="checkbox"/> |
| Parent / Carer  | <input type="checkbox"/> | Social Care | <input type="checkbox"/> |
| Activity Leader | <input type="checkbox"/> | LADO        | <input type="checkbox"/> |
| Other           | <input type="checkbox"/> |             |                          |

**What feedback have you received?**

---

---

---

**Has the parent of the young person given any explanations for your concerns?**

---

---

---

---

---

**Who have you passed this information to?**

---

---

---

---

---

**Please note this record must be submitted to the WYSA Safeguarding Officer, or if not available, the WYSA Deputy Safeguarding Officer. This information is not to be stored anywhere else or discussed with anyone else.**

**Your Signature:** \_\_\_\_\_

**Your Name (capitals):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action undertaken by WYSA Safeguarding Officer or if not available, the WYSA Deputy Safeguarding Officer.**

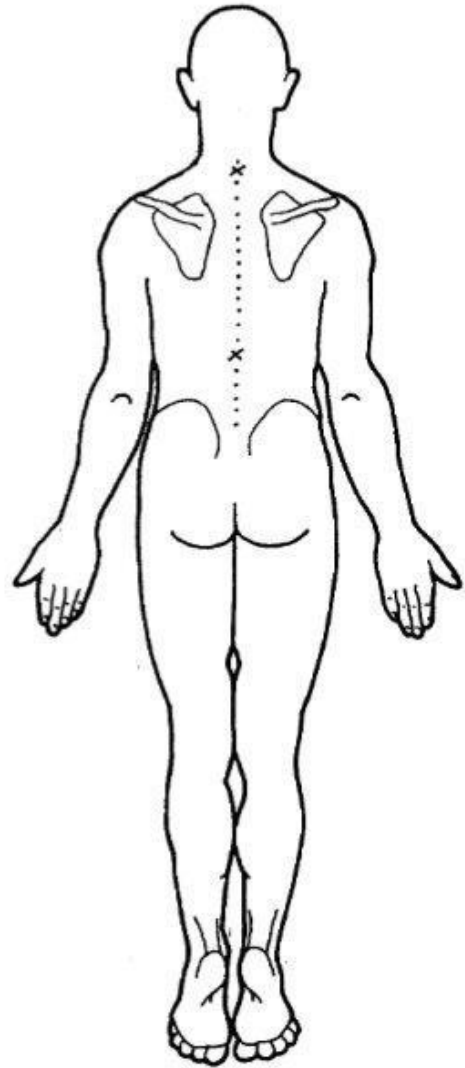
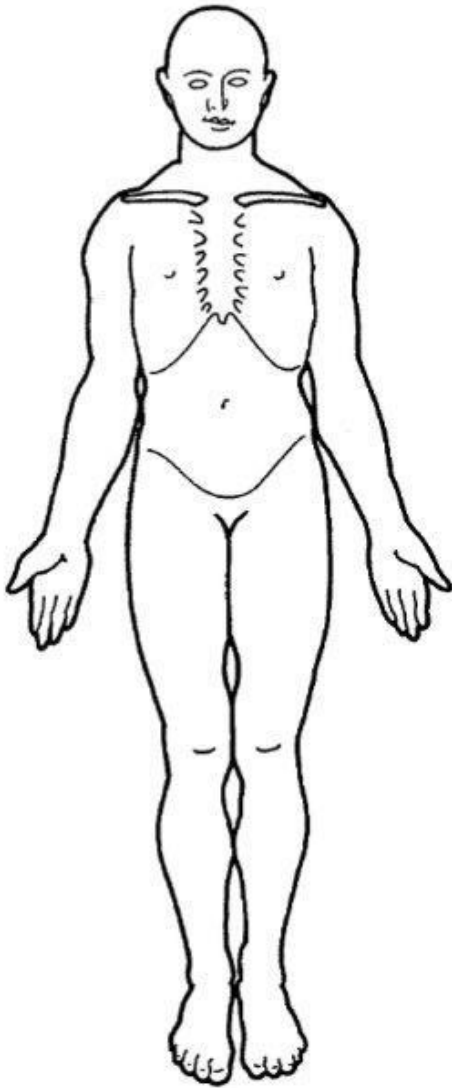
Has the Children's Social Care Access Centre been informed?  Yes  No

By Whom: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WYSA Chair or other WYSA Authorised Person:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



© NOI Australasia

Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury. Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

**Injury Observations:** (please write below or on reverse):

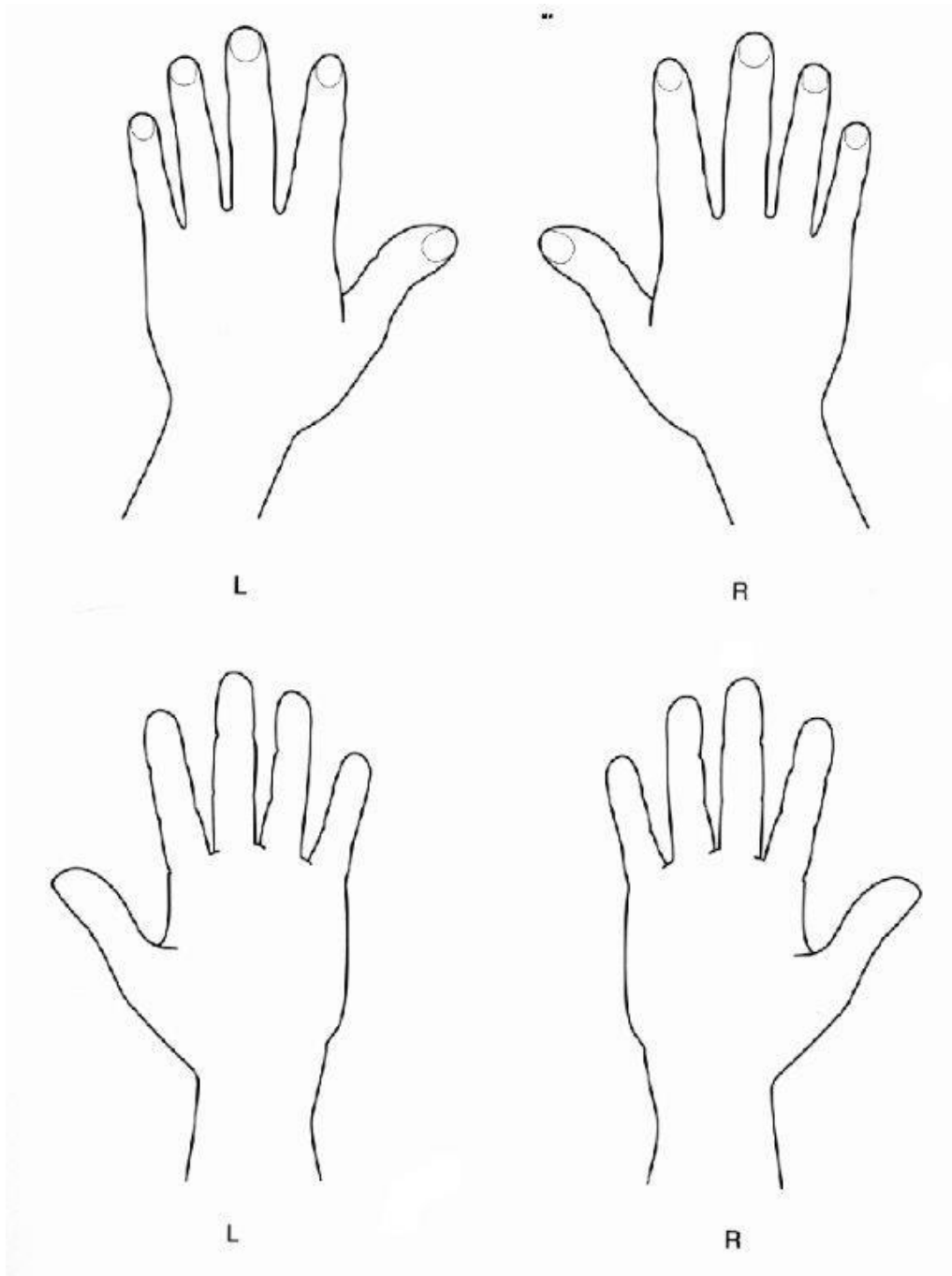
---

---

---

---

---



Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury. Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

**Injury Observations:** (please write below or on reverse):

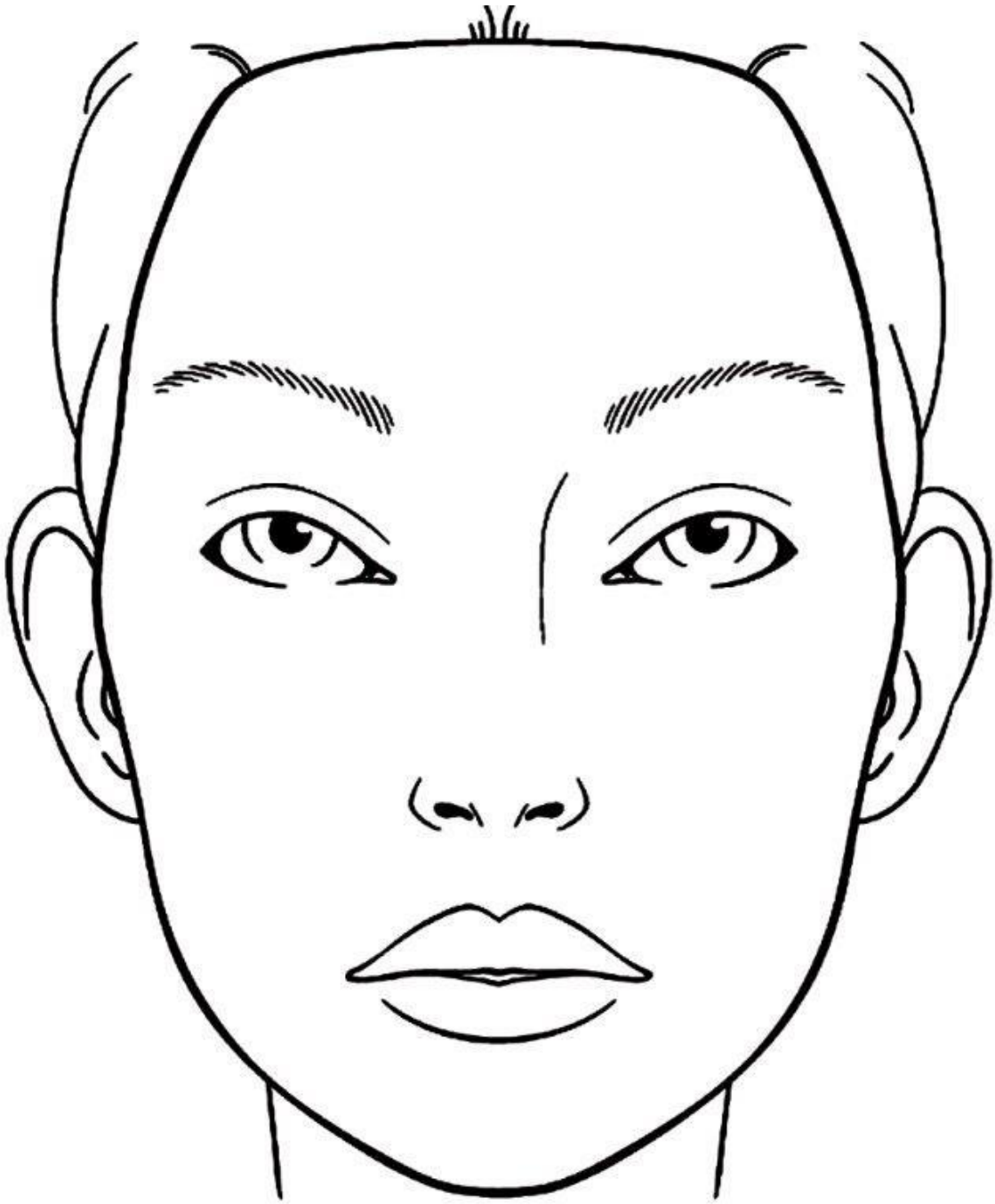
---

---

---

---

---



Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury.  
Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

**Injury Observations:** (please write below or on reverse):

---

---

---

---

Information given on this WYSA Safeguarding Report of Concern Form will only be seen by WYSA Safeguarding Officers and will be stored in a secure place. Information will only be shared as detailed in the WYSA Safeguarding Policy.