

DISCLOSURE REPORT FORM

SCRIPTURE UNION NI - SCHOOLS

Please use this form to record details of any suspicions of abuse you may have or any disclosures of abuse which may have been made to you by a child during a Scripture Union activity.

DETAILS

Name of teacher/volunteer _____

Date of this report _____ Time _____

Name of Scripture Union Group _____

Name of Scripture Union Group Coordinator _____

Name of child _____

Date of Birth of child ___ / ___ / ___

Parent's name _____

Parent's address _____

_____ Postcode _____

Parent's telephone number _____

DISCLOSURE/CONCERNS (eg, observation of marks, behaviour, language and / or verbal disclosure to you or someone else). Include times and dates of any specific incidents where possible.

RESPONSE – Reported to: _____

Date:

Signed: _____

Print Name: _____

Date: _____

(To be completed by the Child Protection Co-ordinator (Schools) within Scripture Union)

ACTION taken

Signed: _____

Print Name: _____

Date: _____

Return marked "CONFIDENTIAL" to:
The Child Protection Co-ordinator (Schools), Scripture Union
157 Albertbridge Road, BELFAST BT5 4PS
Tel 028 9045 4806