

Parish:

PSO: Heather Robinson
 E mail: safeguarding.stpaulsyork@gmail.com

Incumbent: Rev Paul Millard
 Tel:01904340981
 E mail: rector.stpaulsyork@gmail.com

Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input style="width: 100%;" type="text"/>	Name and Address	Tel/Mob/Email
Subject Alleged Victim <input type="checkbox"/> Alleged Abuser <input type="checkbox"/> DOB <input style="width: 100%;" type="text"/>	Name and Address	Tel/Mob/Email

Contact Person (Referrer)	Position	Church/Agency	Tel/Mob/Email

date(s) referred	date opened	date(s) closed

Children <input type="checkbox"/>	Adults <input type="checkbox"/>	Allegation <input type="checkbox"/> (church officer)
-----------------------------------	---------------------------------	--

Physical <input type="checkbox"/>	Domestic Abuse <input type="checkbox"/>	
Neglect <input type="checkbox"/>	Financial <input type="checkbox"/>	
Psych/emotional <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	
Sexual abuse <input type="checkbox"/>	Organisational <input type="checkbox"/>	
Sexual abuse non-current <input type="checkbox"/>	Spiritual <input type="checkbox"/>	
Child Sexual Exploitation <input type="checkbox"/>	Online <input type="checkbox"/>	Modern Slavery <input type="checkbox"/>

School/Nursery	<input style="width: 100%;" type="text"/>	Groups attended <div style="border: 1px solid black; width: 100%; height: 60px; margin-top: 5px;"></div>
GP	<input style="width: 100%;" type="text"/>	

Name:

Case No:

Initial Information as Reported

Signed

A copy of this form should be retained confidentially in the parish by the **Parish Safeguarding Officer**. A copy should be e mailed to the **Diocesan Safeguarding Adviser**.

Name:

Case No:

Ongoing Record

Name:

Case No: