

# NGCE Safeguarding Cause for Concern Form

<b>Name of vulnerable adult / child.</b>												
<b>Address ( if known )</b>												
<b>Contact number :</b> <b>Parent / Carer details if known</b>												
<b>Contact number</b> <b>Record of concern or incident to include :</b> <table style="width: 100%; border: none;"><tr><td style="width: 30%;"><b>Date</b></td><td style="width: 30%;"><b>Time</b></td><td style="width: 40%;"><b>Location</b></td></tr><tr><td colspan="3"><b>Who was present</b></td></tr><tr><td colspan="3"><b>Observations</b></td></tr><tr><td colspan="3"><b>Information shared or incident witnessed</b></td></tr></table>	<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Who was present</b>			<b>Observations</b>			<b>Information shared or incident witnessed</b>		
<b>Date</b>	<b>Time</b>	<b>Location</b>										
<b>Who was present</b>												
<b>Observations</b>												
<b>Information shared or incident witnessed</b>												
<b>Action taken / referred to whom?</b>												
<b>Date and time referral passed on.</b>												
<b>NAME ( PRINT )</b>												
<b>POSITION ( PRINT )</b>												
<b>Signature</b>												
<b>Date</b>												

