# Safety and welfare concern form (2 – alternative version)

|  |  |
| --- | --- |
| Child’s name |  |
| Date of birth |  |
| Concern date |  |
| Concern time |  |
| Staff name (printed) |  |
| Staff signature |  |
| Staff role |  |

|  |  |  |
| --- | --- | --- |
| What’s working well | What are we worried about | What needs to happen |
|  |  |  |

|  |
| --- |
| The child’s voice: |

### Pass this form immediately to the DSL

|  |  |
| --- | --- |
| DSL response/action taken |  |
| Signature |  |
| Date/time |  |
| Shared with parents – date/time |  |