Strawberry Hill Ballet School (SBS)

Reporting Forms (printable)

2.1 Safeguarding Concern / Disclosure Form (Child)

- YOUR NAME/ROLE: _____
- DATE/TIME: _____
- CHILD'S NAME/DOB/CLASS: _____
- PARENT/CARER: _____
- LOCATION OF INCIDENT/DISCLOSURE: _____
- NATURE OF CONCERN (tick): [ ] Disclosure [ ] Observation/injury [ ] Online [ ] Neglect [ ] Other _____
- EXACT WORDS OF THE CHILD (VERBATIM):

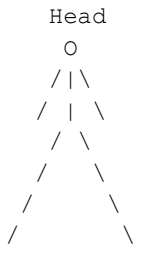
_____
_____

- OBSERVED INJURIES/BEHAVIOURS: _____
- IMMEDIATE ACTIONS TAKEN: _____
- WHO INFORMED: [ ] DSL [ ] SPA [ ] Police [ ] Parent/carer [ ] LADO
- BODY MAP ATTACHED: [ ] Yes [ ] No
- SIGNATURE: _____ DATE/TIME SUBMITTED TO DSL: _____

2.2 Body Map (attach to 2.1 if applicable)

Instructions: Mark injuries with a numbered key; add a legend with date/time, size/colour/shape, and the child's explanation. One sheet per session.

Front



Back

Legend (match numbers on the map)

1) _____

2) _____

3) _____

2.3 Allegation/Concern about an Adult (Staff/Volunteer/Contractor)

- PERSON OF CONCERN: _____ ROLE: _____
- DETAILS OF ALLEGATION/CONCERN (FACTS ONLY): _____
- WITNESSES/EVIDENCE: _____
- DSL NOTIFIED: Time/Date _____ LADO CONSULTED: Time/Date _____
- IMMEDIATE SAFETY/HR ACTIONS: _____
- RECORDED BY: _____ SIGNATURE: _____ DATE: _____

2.4 Low-Level Concern Record

- BEHAVIOUR OBSERVED: _____
- CONTEXT: _____
- ACTION TAKEN/FEEDBACK GIVEN: _____
- REVIEWER (DSL/PRINCIPAL): _____ FOLLOW-UP DATE: _____