**Logging concerns/information shared by others external to the school. (Parents, agencies, visitors etc.)**

**This must be passed to the Designated Person**

|  |  |  |
| --- | --- | --- |
| **Pupil’s Name:** | | **Date of Birth:**  **FORM:** |
| **Date and Time of Incident:** | | **Date and Time of receipt of information:**  **Via letter / telephone etc?** |
| **Recipient (and role) of information:** | |  |
| **Name of caller/provider of information:** | |  |
| **Organisation/agency/role:** | |  |
| **Contact details (telephone number/address/e-mail)** | |  |
| **Relationship to the child/family:** | |  |
| **Information received:** | | |
|  | | |
| **Actions/Recommendations for the school:** | | |
|  | | |
| **Outcome:** | | |
|  | | |
| **Name:** |  | |
| **Signature:** |  | |
| **Date and time completed:** |  | |
| **Counter Signed by Designated Person** |  | |
| **Name:** |  | |
| **Date and time:** |  | |