

Confidential

DISCLOSURE FORM

To be completed by staff member:

Organisation name:	
Date:	Time:
Child's Name:	Date of birth:
Details of any disability:	First language:
Address:	
Parent/carer name and contact details:	

Where the disclosure took place (including what activity was taking place at the time):

Account (this should be in as much detail as possible including: what was said/noticed/overheard initially, any questions asked and the answers given, how the child behaved, body language and any injuries etc.):

Name and contact details of the person reporting the incident:

Initial action taken:

Signed:

Date:

Print name: