

ULSTER SOCIETY OF ORGANISTS AND CHOIRMASTERS

Policy for Safeguarding Children and Vulnerable Adults



Report of Concern (Appendix 2)

Please use this form to record any concern you have about a child/young person or vulnerable adult. The completed form should be given directly or via the USOC President to the Designated Officer..

| | | |
|--------------------------|--------------------------|----------------|
| Name: | | |
| Address: | | |
| Age (if under 18) | DOB (if under 18) | Tel No. |

State as clearly as possible why you are concerned, from whom you received information and when. If possible include the details of any person causing concern in relation to the child/young person or vulnerable adult. Continue overleaf if necessary.

| |
|---|
| Nature of the concern? |
| Are there any visible injuries? |
| Has medical attention been sought / necessary? |
| Have there been previous concerns? |
| Other relevant information? |

| Details of Person Reporting Concerns | |
|---|--------------|
| Name: | |
| Address: | |
| Telephone Number/s | |
| Signed: | Date: |