



EMAT form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Samantha James, Jonathan Wilson, Luke Bartishel or Callum Brown if they have a safeguarding concern about a child in our academies.

Full name of child	Date of Birth	Tutor/Form group	Your name and position in academy

Nature of concern/disclosure	
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.	
Was there an injury? Yes / No	Did you see it? Yes / No
Describe the injury:	
Have you filled in a body plan to show where the injury is and its approximate size? Yes / No	
Was anyone else with you? Who?	
Has this happened before?	Did you report the previous incident?
Who are you passing this information to? Name:	Date:
Position:	Time:
Your signature:	
Date:	

Action taken by DSL

Referred to...?

Attendance
Improvement
Officer

Police

School Nurse

Children's
Services

Integrated
Youth Service

Parents

Other

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

Pastoral team

Tutor

Child

Person who recorded disclosure

Further Action Agreed:

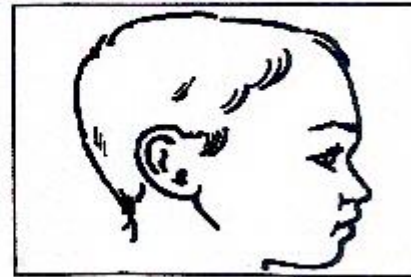
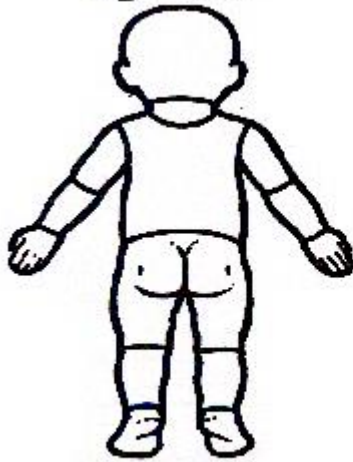
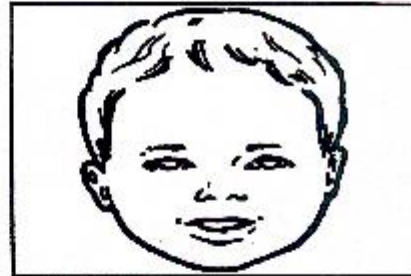
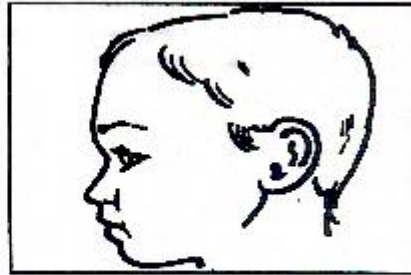
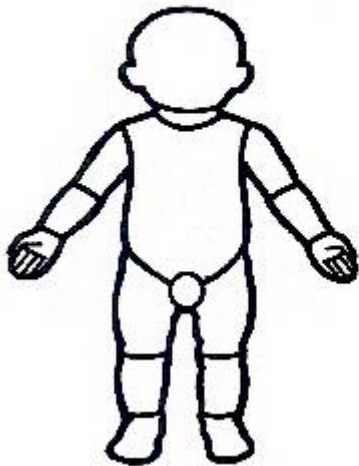
e.g. Academy to instigate a Family Support Process, assessment by Children's Services

Full name:

DSL Signature:

Body Map

Young Child



Older Child

