# Child protection policy disclosure record form

This form MUST be completed by the person to whom the disclosure was made, in as much detail as possible.

Once complete, this information must be passed to Scottish Book Trust’s Designated Child Protection Officer and Deputy DCPO.

Because Scottish Book Trust works across different local authorities in Scotland, local Social Work Departments and police stations will be identified based on where the incident takes place.

Here is a link to [Social Work Departments contact information provided by Social Work Scotland](https://socialworkscotland.org/wp-content/uploads/2018/06/ScottishCouncilsSocialWorkContactSheet.pdf).

## Your name and position (person the disclosure was reported to)

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## Date, time and location of incident or allegation:

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## Child/young person’s details:

| **Question** | **Answer** |
| --- | --- |
| Name: |  |
| Age: |  |
| Address: |  |
| Telephone number: |  |

## Parent/carer/responsible adult’s details:

| **Question** | **Answer** |
| --- | --- |
| Name: |  |
| Age: |  |
| Address: |  |
| Telephone number: |  |

## Please detail the context of how the disclosure was made and record your observations:

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## Please record the information given to you by the individual making the disclosure. This information should be as complete as possible, using the child/young person’s own words, so that any necessary action is not jeopardised (*Remember*: do not lead the child in any way when speaking to them)

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This information has been read back to the young person and agreed to be accurate.

| Name of young person: |  |
| --- | --- |

## Please record the support offered to the individual

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## Please record the advice/instructions provided by Social Work Department/Police/Reporter and action taken

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| Signature as recipient of the information (confirming this is true account of information passed to you): |  |
| --- | --- |

| Signature of Designated Child Protection Officer (on receipt of the information): |  |
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