**Form 2B: Notification of Child Protection Concern**

**(Please complete IMMEDIATELY following telephone conversation with Social Work/Police)**

|  |  |
| --- | --- |
| **Child/Young Person’s Name** |  |
| **Date of Birth** |  |
| **CHI Number** |  |

|  |  |
| --- | --- |
| **Child/Young Person’s Address**  **Contact Telephone Number** |  |

**1. Members of Household**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child/Young Person** | **Date of Birth/CHI** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**2. Name and Contact Details of person(s) completing Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Designation/**  **Work Base** | **Telephone Number** | **E-mail** | **Date** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Named Person (if different from above)** | **Designation/Work Base** | **Notified of Concern** | |
|  |  | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **Name and contact details of person with whom discussion took place (Social Worker/Police)** | **Date/Time of incident** | **Date/Time of discussion** |
|  |  |  |

**3. Child Protection Concern**

|  |
| --- |
| [**Describe what has happened to give you cause for child protection concern? What is your main concern?**](file:///\\vs-fk-ctxfs001.falknet.org.uk\CTXHome\jancroy.Falknet\Documents\Child's%20Plan%20-%20Form%202B.dot) |
|  |

**4. Wellbeing Concerns**

|  |
| --- |
| [**Are there any additional concerns about the child’s wellbeing?**](file:///\\vs-fk-ctxfs001.falknet.org.uk\CTXHome\jancroy.Falknet\Documents\Child's%20Plan%20-%20Form%202B.dot) |
|  |

**5. Views**

|  |  |  |
| --- | --- | --- |
| **Are parents/carers aware that this notification of child protection concern is being made?** | **Yes** | **No** |

|  |
| --- |
| **The parent(s)/carer(s) have the following views regarding this** |
|  |

|  |
| --- |
| **The child/young person has the following views regarding this** |
|  |

**6. Actions**

|  |
| --- |
| **Agreed Action to be taken (Include what was agreed during the telephone conversation)** |
|  |

**7. Signature:**  **Date:**

**Process for forwarding this Form**

**FOR NHS -** Forward to Child Protection Department – [FV.nhsfvchildprotect@nhs.scot](mailto:FV.nhsfvchildprotect@nhs.scot)

Child Protection will forward to [**childcare.reviews@falkirk.gov.uk**](mailto:childcare.reviews@falkirk.gov.uk) (for Falkirk referrals only)

[**childcare@clacks.gov.uk**](mailto:childcare@clacks.gov.uk)(for Clacks referrals only)

[**cpandassessment@stirling.gov.uk**](mailto:cpandassessment@stirling.gov.uk)(for Stirling referrals only)

**FOR Education staff (Falkirk)** -1 copy retained in Child Protection record for establishment

- 1 copy emailed password protected to

[**childcare.reviews@falkirk.gov.uk**](mailto:childcare.reviews@falkirk.gov.uk)

- 1 copy emailed password protected to relevant Social Work area

team generic mailbox

**FOR Education staff (Stirling)** -1 copy emailed confidentially to Head of Education at

[**cpandassessment@stirling.gov.uk**](mailto:cpandassessment@stirling.gov.uk)

**FOR Education staff (Clackmannanshire)** -1 copy emailed confidentially to Head of Education at

[**NPServicegcsx@clacks.gov.uk**](mailto:NPServicegcsx@clacks.gov.uk)

**FOR OTHER Local Authority Service** -1 copy retained for your own Service

For Falkirk children - 1 copy emailed password protected to

[**childcare.reviews@falkirk.gov.uk**](mailto:childcare.reviews@falkirk.gov.uk) (for Falkirk referrals only)

For Stirling children - 1 copy emailed password protected to

[**cpandassessment@stirling.gov.uk**](mailto:cpandassessment@stirling.gov.uk) Intake teams Stirling (for Stirling referrals only)

For Clacks children - 1 copy emailed password protected to

[**childcare@clacks.gov.uk**](mailto:childcare@clacks.gov.uk)(for Clacks referrals only)

**FOR Voluntary Organisation – Follow your own procedure and send –**

1 copy emailed password protected to [**childcare.reviews@falkirk.gov.uk**](mailto:childcare.reviews@falkirk.gov.uk) (for Falkirk referrals only)

1 copy emailed password protected to [**cpandassessment@stirling.gov.uk**](mailto:cpandassessment@stirling.gov.uk) Intake teams Stirling (for Stirling referrals only)

1 copy emailed password protected to [**childcare@clacks.gov.uk**](mailto:childcare@clacks.gov.uk)(for Clacks referrals only)