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

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

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| --- | --- |
| **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** |
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**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:///%5C%5Cvs-fk-ctxfs001.falknet.org.uk%5CCTXHome%5Cjancroy.Falknet%5CDocuments%5CChild%27s%20Plan%20-%20Form%202B.dot) |
|  |

**4. Wellbeing Concerns**

|  |
| --- |
| [**Are there any additional concerns about the child’s wellbeing?**](file:///%5C%5Cvs-fk-ctxfs001.falknet.org.uk%5CCTXHome%5Cjancroy.Falknet%5CDocuments%5CChild%27s%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

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

 **childcare@clacks.gov.uk**(for Clacks referrals only)

 **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**

 - 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**

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

 **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** (for Falkirk referrals only)

For Stirling children - 1 copy emailed password protected to

**cpandassessment@stirling.gov.uk** Intake teams Stirling (for Stirling referrals only)

For Clacks children - 1 copy emailed password protected to

 **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** (for Falkirk referrals only)

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

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