** GIRFEC/SAFE Process** 

**Wellbeing Cause for Concern Form – Part 1**

To be completed by the person who has the concern.

* **Please ensure this completed document is passed onto the HoM.**
* The purpose of this form is to pass on wellbeing information about a child/young person through the routine support systems in our school.
* This form should be completed electronically or on paper

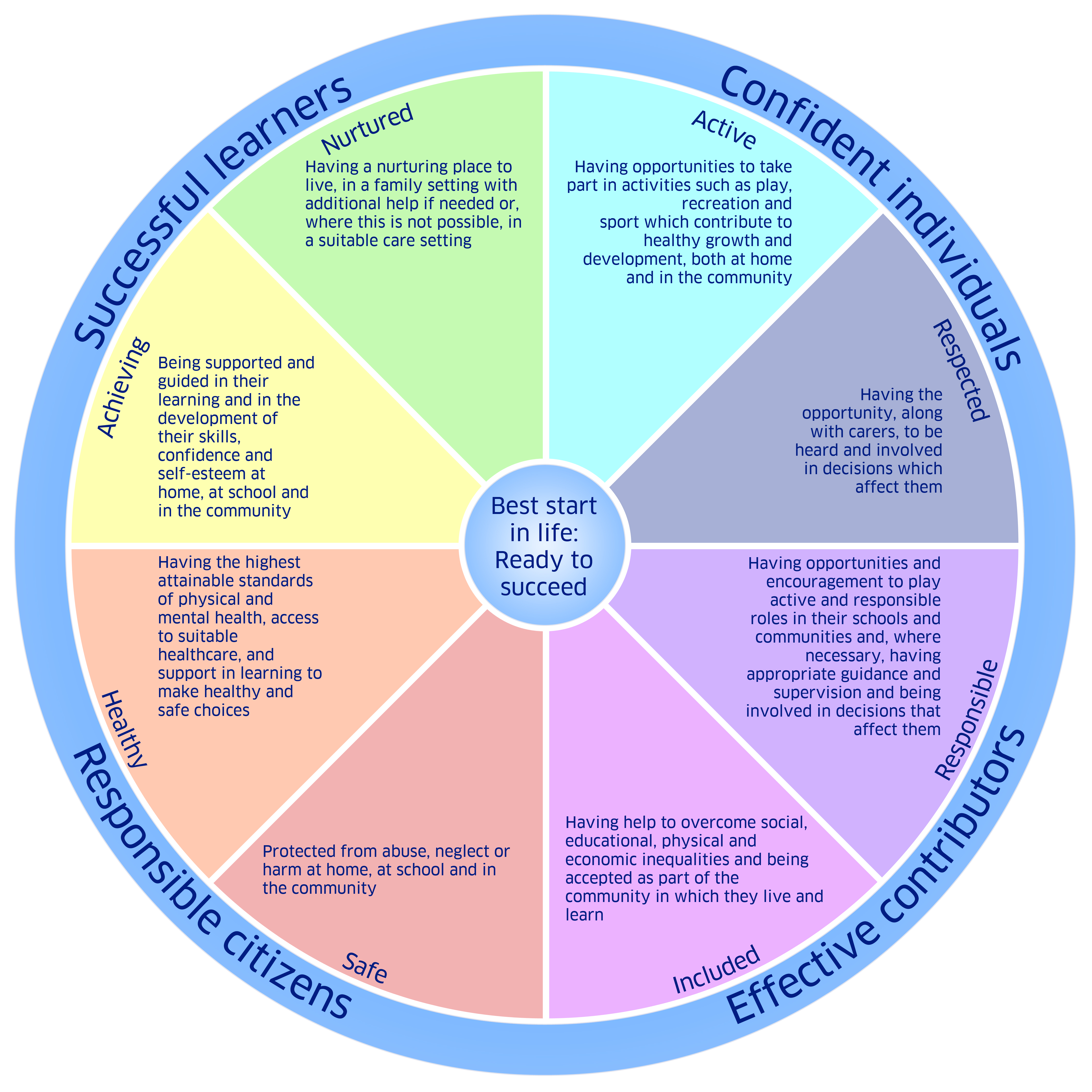
1. **Child/ Young Person’s Details**

|  |  |  |
| --- | --- | --- |
| Name: | DOB: | Year Group: |
| House: | HoM: | |

**2. Person recording the concern**

|  |  |
| --- | --- |
| Name: | Role/designation: |

**Areas of Concern. Please tick any relevant areas of the Wellbeing Wheel**



**Nature of Concern:**

|  |
| --- |
| **Use the headings you have ticked on the Wellbeing Wheel to record the details below:** |

|  |
| --- |
| **PT Informed, please tick in the box if done so.** |

**Previous Action Taken:**

**Signature: Date:**

** GIRFEC/SAFE Process** 

**Wellbeing Cause for Concern Form - Part 2**

**To be completed by the Named Person (HoM)**

**Please note: This document must be completed by the HoM. Parts 1 and 2 must be distributed to relevant staff prior to the GIRFEC meeting.**

|  |  |  |
| --- | --- | --- |
| **Name of CYP:** | **Completed by (PRINT):** | **Year Group:** |
| **New / Ongoing (please circle)** |
| **House:** | **HoM** | **Tutor:** |

* + 1. Have there been previous wellbeing concerns? Yes/No ( please circle)

If yes please summarise with dates.

* + 1. Has this concern been shared with the child/young person? Yes/No ( please circle)

If yes what is the child/young person saying about the concern

* + 1. Has this concern been shared with the child/young person’s parents/carers? Yes/No

( please circle)

If yes please summarise

* + 1. Has the concern been shared with anyone else? Yes/No ( please circle)

If yes please summarise with dates.

* + 1. What action is being taken in relation to this concern?

Continue to monitor

Bring the Child’s/Young Person’s Needs to a GIRFEC planning meeting

Initiate Child Protection procedures

Other – please give any details:

* + 1. Feedback to the referrer.
       1. Name:
       2. Role/designation:
       3. Date:

Name of Named Person ( HoM) …………………………………………Signed……………………………………..

Date………………………….