

What to do if you have a concern

Teaching Staff, Cover Supervisors, Technicians

All to refer through the “My Concern” online portal. Link below:

<https://www.myconcern.education/Account/Login>

This can also be opened through the Internet Explorer or Google Chrome link when in college.

Front page – Click on the report a concern button and follow the instructions

myconcern ! The Painsley Catholic Academy (8604610) Richard McCusker

My Concerns Resources Help Report a Concern

Welcome to MyConcern

Your last login was on 18 October 2019 at 15:25

Safeguarding Leads

The Designated Safeguarding Leads for your School are:

- Darren Bullock
- Colette Harris
- Rachel Waugh
- Elizabeth Malpass

If, at any point, there is a risk of immediate serious harm to a Pupil you must inform your Safeguarding Lead(s) IMMEDIATELY.

Safeguarding News

- Developing Leadership in Safeguarding – A Safeguarding Event Hosted by MyConcern in Collaboration with CAPH
Published on: 26/10/2019 10:28
- MyConcern Share The Current Safeguarding Trends In Education With The Key Support In Their Latest Podcast
Published on: 20/11/2019 15:39
- Identifying and Supporting Young Carers
Published on: 20/08/2019 14:38
- Stopping The Safeguarding Summer Guilt - Top Tips From Ceri Stokes
Published on: 15/08/2019 14:23
- Customise Your Home Page
Published on: 09/09/2019 16:40

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All Other Members of Staff / Visitors

Complete a paper referral form. These are kept in Julie Hambleton's office.

Picture of the form is below:

Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Mr D Bullock if they have a safeguarding concern about a child in our schools.

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

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:	
Was anyone else with you? Who?	
Has this happened before?	Did you report the previous incident?
Who are you passing this information to?	
Name:	
Position:	
Your signature:	
Time:	
Date:	

Action taken by DSL

Referred to...?

Attendance

Improvement

Officer

Police

Schools Nurse

Children's
Services

PSA

Guidance
Adviser

Other

Date:

Time:

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

Feedback given to...?

Pastoral team

Tutor

Child

Person who recorded disclosure