



## CAUSE FOR CONCERN FORM

This form should be used in conjunction with the CYP Code of Practice for Child Protection.

1. Name of child / young person / vulnerable adult:
2. Date, day, time:
3. Observation i.e. behaviour / injury / cause for concern: (use additional sheet if necessary)
4. Child / young person's statement / comments:
5. Name/s of Supervising Adult:
6. Action agreed to be taken - date / time, who to be informed:
7. Copy sent to:
  - Designated Officer of school / organisation / group / club  
Name \_\_\_\_\_  
Date \_\_\_\_\_
  - Creative Youth Partnership Designated Officer  
Name \_\_\_\_\_  
Date \_\_\_\_\_
- Signed \_\_\_\_\_  
Name of Artist \_\_\_\_\_  
Date \_\_\_\_\_  
Contact Number \_\_\_\_\_
8. Follow-up action: Form forwarded to ELB Child Protection Officer within 72 hours.  
Name (CYP Designated Officer for Child Protection)  
\_\_\_\_\_  
Date \_\_\_\_\_  
Signed \_\_\_\_\_  
Follow-up of outcome:

