

RESTRICTED

## Child Protection Expression of Concern Form (2)

<b>PUPIL'S NAME:</b> Yr/Date of Birth:	<b>DATE &amp; TIME</b>	
<b>REPORTED BY:</b>		
Disclosure between: _____ and _____ Cause for concern raised by: _____		
<b>Persons present:</b>		
<b>Circumstances:</b>		
<b>REPORT:</b>		
<b>PRINT NAME:</b>	<b>SIGN:</b>	<b>DATE:</b>

Skin maps attached: yes/no