Safeguarding Record

Date opened:

Date closed:

Name of young person:

Plan

Is this young person subject to any of the following?

Yes/No

	Child Protection				
	Child In Need				
	Name of allocated professional:				
	Job role:				
	Address:				
	Phone number and email:				
	Name of allocated professional:				
	Job role:				
	Address:				
	Phone number and email:				
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