

(iii) Has the person alleged to have perpetrated harm / abuse behaved in any of the following ways:

- Behaved in a way that has or may have harmed a child or adult at risk?
- Possibly committed a criminal offence against or related to a child or adult at risk?
- Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults at risk?
- Behaved in a way that affects the Church's ability, more broadly, to safeguard the young and the vulnerable? e.g., not responding appropriately to concerns meaning that others will be unwilling to come forward; causing the faithful to depart from the church out of a sense of betrayal, etc.

(iv) Is the Concern / Allegation Historical?? Yes No

If known, record the month/year.

(v) Does the alleged perpetrator (if known) pose a possible ongoing risk? Yes No

N.B.: If the alleged perpetrator is alive and may have access to children / adults at risk, they pose a possible current risk.

(vi) Nature of Concerns / Allegation (Children)

NB: There are four categories of abuse for children and young people (birth up to 18th birthday) as outlined in [Working Together to Safeguard Children \(2015\)](#). All types of abuse can be included within those categories; e.g., a child who witnesses domestic abuse falls under emotional abuse; female genital mutilation falls under physical/sexual abuse.

- Physical Abuse Sexual Abuse Neglect Emotional Abuse

Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No

(vii) Nature of Concerns / Allegation (Adults)

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Emotional & Psychological Abuse | <input type="checkbox"/> Neglect & Acts of Omission |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Financial & Material Abuse | <input type="checkbox"/> Organisational & Institutional Abuse |
| <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Emotional Abuse |
| <input type="checkbox"/> Modern Slavery | <input type="checkbox"/> Discriminatory Abuse | |
| <input type="checkbox"/> Self-Neglect | | |

Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No

2. Subject of concern / allegation (if known)		
(i) Personal Details		
Full Name	Full Name	
Also known as		
Position / Role	Role	
D.O.B.	Date	
D.O.D. (if deceased)	Date	
Diocese / Aligned Diocese	Name	
Religious Order	Name	
Phone	Phone	
Email	Email	
Address	Address	
Please tick all that apply		
<input type="checkbox"/> Clergy	<input type="checkbox"/> Lay	<input type="checkbox"/> Religious
<input type="checkbox"/> Paid staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other
(ii) Further Details		
Please note any other relevant details about the subject of the allegation		
Further information		
Have there been previous concerns?		
Previous concerns		

3. Alleged Victim(s) / Survivor(s) – please complete this page for each victim

(i) Personal Details

Full Name	Full Name
D.O.B.	Date
Phone	Phone
Email	Phone
Address	Address
Gender	Gender
Ethnicity	Ethnicity

(ii) Name of Parent / Carer / Guardian (where appropriate)

Parent / Carer / Guardian (1)

Full Name	Full Name
D.O.B.	D.O.B.
Phone	Phone
Email	Email
Address (if different)	Address
Gender	Gender
Ethnicity	Ethnicity

Parent / Carer / Guardian (2)

Full Name	Full Name
D.O.B.	D.O.B.
Phone	Phone
Email	Email
Address (if different)	Address
Gender	Gender
Ethnicity	Ethnicity

4. Notification Details

	Contact Name	Job Title Phone & Email	Date/ Time	Response
POLICE	Full Name	Role	Full Name	Full Name
LADO	Full Name	Role	Date & Time	Action & Response
SOCIAL SERVICES	Full Name	Role	Date & Time	Action & Response
Health	Full Name	Role	Date & Time	Action & Response
Probation	Full Name	Role	Date & Time	Action & Response
Education	Full Name	Role	Date & Time	Action & Response
CSAS	Full Name	Role	Date & Time	Action & Response
Bishop	Full Name	Role	Date & Time	Action & Response
Insurers	Full Name	Role	Date & Time	Action & Response
Legal	Full Name	Role	Date & Time	Action & Response
Safeguarding Commission	Full Name	Role	Date & Time	Action & Response
(state who)	Full Name	Role	Date & Time	Action & Response
Diocesan Finance	Full Name	Role	Date & Time	Action & Response
Media	Full Name	Role	Date & Time	Action & Response
Charity Commission	Full Name	Role	Date & Time	Action & Response
I.S.A.	Full Name	Role	Date & Time	Action & Response
Other	Full Name	Role	Date & Time	Action & Response
Other	Full Name	Role	Date & Time	Action & Response

5. Other Relevant Information

Further information

6. Response Processes

<p>Inter-Agency Meeting Convened</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date</p> <p>Details</p>
<p>Diocesan Response Steering Meeting Convened or equivalent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date</p> <p>Details</p>
<p>Other</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date</p> <p>Details</p>

Case Reference	-	-	-	-	-	-	-	-	-	Form CM1
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Source and Nature of Concern / Allegation- (continuation sheet)

Recording (continuation sheet)