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| **This is a Safety Plan for:** | | | |
| **Date this plan was made:** | | **Date this plan will be reviewed:** | |
| **These are the people who are part of your safety plan & their contact details:** | | | |
| **Danger Statements** (whose worried, what they are worried about, and possible impact to you if nothing changes) | | **Safety Goals:** (what we want to see happen to be able to be confident that you will be still be safe when are no longer working with you are your family) | |
| **Bottom Lines:** (these are the things that are non-negotiable, the things that must happen) | |  | |
| **These are the things your Mum & Dad agree to do to keep you safe** | | | |
| **These are the things that your safety network agree to do to keep you safe** | | | |
| **Name** | **Signature** | **Relationship to child** | **Date** |
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**Other Useful names and numbers:**