

**CONFIDENTIAL**

**NORTHAMPTONSHIRE Children’s TRUST**

**Incident alert Form**

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| **From (NCT SLT lead):** | Name:  Job title:  Contact details:  Signed: Date: | | |
| **Who is this information for?** | (Directors / Councillors / Chief Exec. / Media etc.) | | |
| **Child’s Name:** |  | **Carefirst ID:** |  |
| **Date and locality of incident:** |  | | |

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| **Incident outline (include rationale for the alert):** |  |
| **Actions taken / planned (inc. dates & responsibility):** |  |
| **Update (1)** | **Manager: Date:** |
| **Update (2)** | **Manager: Date:** |
| **Update (3)** | **Manager: Date:** |

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| **Outcome / Lessons learned** | **NCT SLT lead: Date:** |