

**CONFIDENTIAL**

**NORTHAMPTONSHIRE Children’s TRUST**

**Incident alert Form**

|  |  |
| --- | --- |
| **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:** |  |

|  |  |
| --- | --- |
| **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:** |

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