

**City of Bradford Metropolitan District Council Children’s Services**

**Notification to the Deputy Director of Serious Incidents or Significant Events**

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| **Type of Notification (Please tick)** | | | | | | |
| Serious Incident Notification | |  | | Significant Event |  | |
| Date Notification being completed | |  | | Name and role of person completing the form |  | |
| Team Name and Location | |  | | Telephone Number |  | |
| Name of Team Manager | |  | | Name of Worker |  | |
| **Details of Incident / Event** | | | | | | |
| Name of adult / child | |  | | Date of Birth |  | |
| LCS if appropriate | |  | | Address |  | |
| Legal Status if appropriate | |  | | Date of incident |  | |
| Name of IRO if appropriate | |  | |  |  | |
| Details of significant others | | | | | | |
| Name | Date of Birth | Relationship to adult / child | | Address | | LCS Number where appropriate |
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| Details of Incident / Event   * What are we worried about? * What are the risk factors if any? * Is there any current involvement with agencies and if so why? * When was the child last seen by a CSC professional or any other agency? * What is the child’s own view about what has happened if available? | | | | | | |
|  | | | | | | |
| **Background Information relevant to the incident being reported**   * Is there any history we are aware of? | | | | | | |
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| **Initial Assessment of severity of situation** | | | | | | |
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| **Immediate actions being taken and important dates** | | | | | | |
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| **Any implications for, or potential impact on other parts of the service / authority?** | | | | | | |
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| **Deputy Director Oversight** | | | | |
| Date received |  | | | |
| Comments | | | | |
|  | | | | |
| Any identified actions required | | | | |
|  | | | | |
| Name | |  | Date completed |  |

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| **For Safeguarding and Reviewing Unit use only** | | | |
| Date received |  | Date information added to spread sheet |  |

|  |  |
| --- | --- |
| Date shared with Bradford Safeguarding Partnership |  |