

**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?
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| **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 |
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| Any identified actions required |
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| Name  |  | Date completed  |  |

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

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| Date shared with Bradford Safeguarding Partnership |  |