Record of Meeting Form

Date of Meeting: ______________________________________

Names and roles of those present:

____________________________________________

____________________________________________

____________________________________________

Details of concern (be clear about what is fact and what is fiction):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

What has the child/young person said (if anything):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Decision reached – choose at least one of the following options:  
*Please tick those selected.*

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| 1. | Take no further action.  
   | Why? |
| 2. | Talk to the parents/carers  
   | Why?  
   | Who will do this? |
| 3. | Arrange a discussion with an outside body  
   | Why?  
   | With whom? Who will do this? |
| 4. | Make a formal report to social services or Police/An Garda Síochána  
   | Why?  
   | Who will do this? |
5. Has the Connexional Safeguarding Officer been contacted for advice or to report?

Signatures of those present:

PRINT NAME: ________________________________________________
PRINT NAME: ________________________________________________
PRINT NAME: ________________________________________________
PRINT NAME: ________________________________________________
PRINT NAME: ________________________________________________