

**FORM FOR REPORTING CHILD PROTECTION CONCERNS**

**CONFIDENTIAL**

**Where a referral is made, this form will be sent to the children's social care services as a written confirmation of the referral with a copy retained by the DSP.**

Name of child \_\_\_\_\_

Age if known \_\_\_\_\_

Date of exam \_\_\_\_\_

Venue of exam \_\_\_\_\_

What prompts your concerns? Please be specific and include the dates and times of any incidents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any physical or behavioural signs? Any other causes for concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you spoken to the child? If so, what was said?

\_\_\_\_\_  
\_\_\_\_\_

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Have you spoken to the child's parents/carers? If so, what was said?

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Has anybody been alleged to be the abuser? If so, give details.

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Please give your name and contact details.

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Signature \_\_\_\_\_ Today's date \_\_\_\_\_

This form must be completed and given, or sent in a sealed envelope marked "Private & Confidential", to ABRSM's Designated Safeguarding Person:

Lynne Butler  
Deputy Head of UK Operations  
ABRSM  
24 Portland Place  
London W1B 1LU  
United Kingdom