# record of safegaurding meeting

**Confidential file note: Record of meeting**

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| --- | --- |
| **Information required**  | **Details**  |
| Name  |   |
| DOB  |   |
| Club / Team  |   |
| Location of meeting  |   |
| Date  |   |
| Time  |   |
| Reason for meeting  |   |
| Professionals present (include name and job title)  |   |
| Family members & other adults present:  (include name and relationship to the child)  |   |
| Key points discussed  |   |
| Agreed actions(include person responsible and timescales)  |   |
| Date & time of next meeting  |   |
| DSL name  |   |
| Signature  |   |
| Evidence of follow-up action taken by DSL:  (include progress against agreed actions, follow-up with other professionals, parents and child including the date)  |   |
| Further action agreed:  |   |
| Full name  |   |
| DSL signature  |   |
| Date  |   |