# 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 |  |