Appendix 1

SCHOOL BULLYING INCIDENT FORM

School

Date of Incident		Time of Incident	

Nature/Type of Incident (Please Tick)

Extortion		*Personal possessions taken/damaged*	
Isolation/Being Ignored or Left Out		*Forced into something against will*	
Physical		*Written*	
Verbal (Name-Calling, Taunting, Mocking)		*Spreading Rumours*	
Cyber (Email, Internet, Text)		*Other (please specify)*	

Details of Young People involved

	Names	Year Group	Gender	Ethnic Origin Code	Role*
1					
2					
3					
4					
5					

*Role: **V** Victim **R** Ring Leader **A** Associate **B** Bystander

Location of Incident (Please Tick)

Classroom		*School Bus*	
Playground/Yard		*Outside/Around School Gates*	
Corridor		*To/From School*	
Toilet			

If you feel the incident was motivated by any of the following please tick

Appearance		*Race/Ethnic Origin **	
Disability/SEN*		*Sexual Orientation*	
Gender/Sexism		*Home Circumstances including Looked After Childen/Young People*	
Religion			

* *Reminder: These incidents should be recorded separately.*

Brief summary of Incident

Action Taken include any exclusions, parental involvement, or involvement with external agencies.
Generally
If appropriate was a EHAF used? YES/NO
With Individuals (as noted on page 1)
1.
2.
3.
4.
5.
6.

Form completed by:	Date:

Follow-up	Date

Appendix 2

Early Help Assessment (EHAF) Registration Form

Please complete this information to register all early help assessments (not referrals)		
Name of referrer:		
Contact details of referrer:	**Telephone number:**	
	Email address:	
	Work base i.e. name of school, team or children's Centre:	
Organisation registering EHAF:	Choose an item.	
Name of Child / Young Person:		
Date of Birth:	**Current age:**	**Unborn:** Choose an item.
Ethnicity: Choose an item.	**Disability:** Choose an item.	
Address:	**Post Code:**	
	Telephone number:	

Evidence of consent provided on referral form or verbally by referee:	Choose an item.
Pathway to Provision level on initiation	Choose an item.
Main presenting reason for the child or young person:	Choose an item.
Main presenting reason for the parent/carer:	Choose an item.
Main presenting reason for the family:	Choose an item.
Involvement with Children's Social Care	Choose an item.

Information required for EHAF only
Date assessment initiated:
Date assessment completed:

Lead Professional details for EHAF:	
Name:	**Role:**
Service:	**Base:**
Telephone number:	**E-mail address:**
Start date:	**End date:**