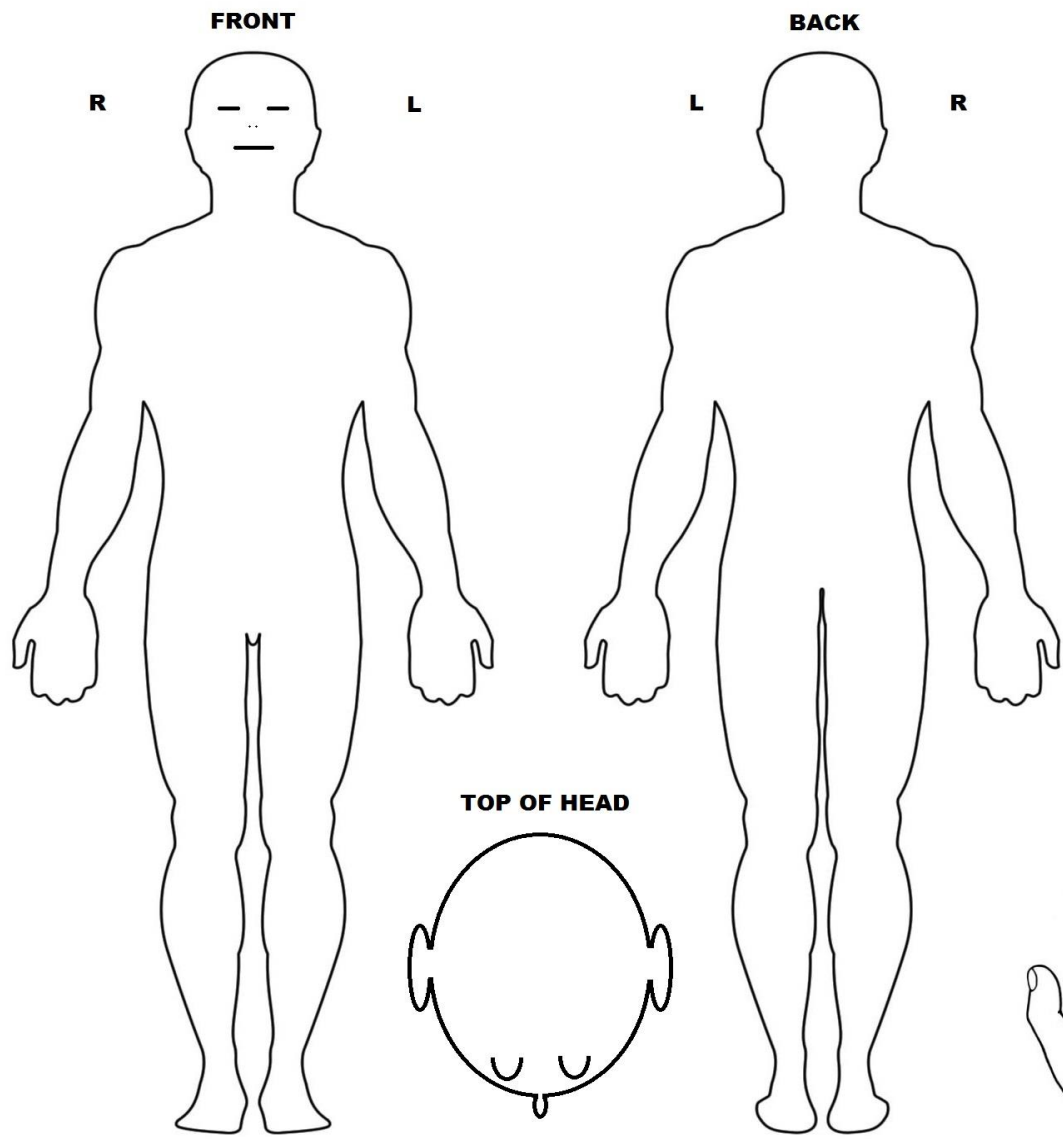





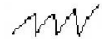
St. Joseph's Specialist School & College – Body Map

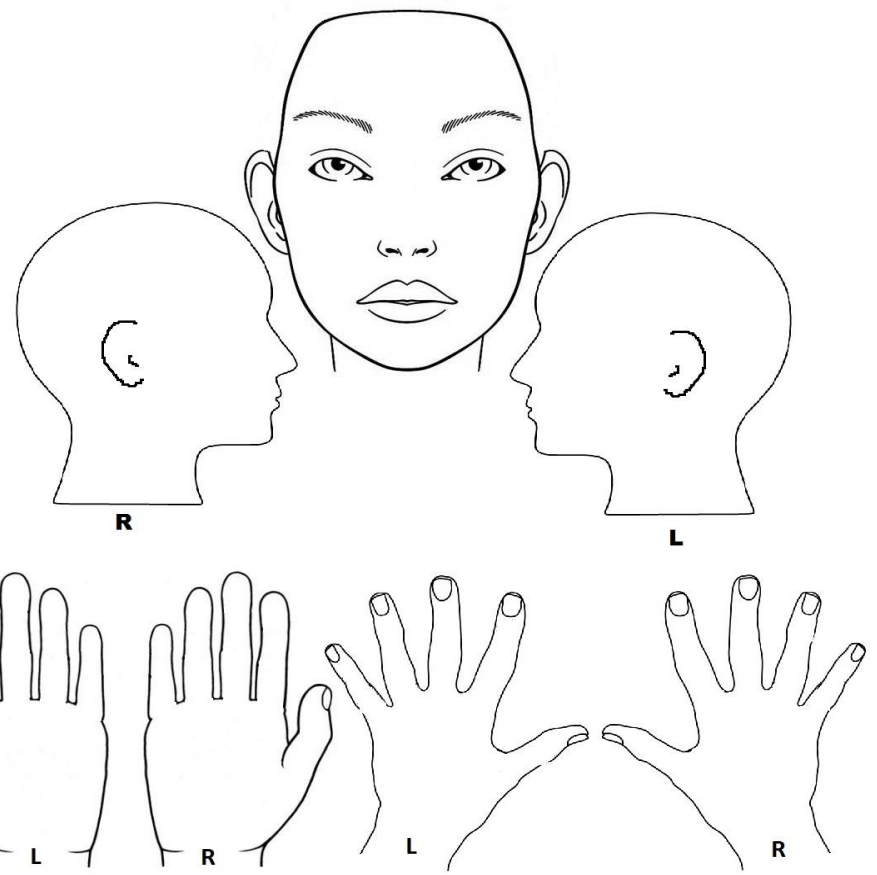


* Please indicate size and colour of bruises / marks. Either in millimeters or comparable to a coin size



Key:

- Bruises** 
- Marks / Burns** 
- Cuts** 
- Scratches** 



St. Joseph's Specialist School & College – Body Map

Young Person Name:	Class:	Residential House:	Age:
Residential Status: Day / Weekly / 38 Weeks / 48 Weeks / 52 Weeks / Other:			
Date of Observation :	Time:	Date of Completion :	
Young Person Clothed <input type="checkbox"/>	Young Person Unclothed <input type="checkbox"/>		
Detailed description of the injuries:			
<i>(Include size and colour details)</i>			
Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?:			
If yes, what treatment?:			
Detailed explanation of how the injuries occurred:			
If cause unknown , has there been a physical intervention in the last 48 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sleuth Number/s:			
Reported to safeguarding Yes <input type="checkbox"/> No <input type="checkbox"/> Looked After Child Yes <input type="checkbox"/> No <input type="checkbox"/> Social Worker Informed Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of person completing form:		Parents informed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position:			
Signature:			

Safeguarding Team Notes:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Audited by:</td> <td style="width: 33%;">Print Name:</td> <td style="width: 33%;">Date:</td> </tr> </table>	Audited by:	Print Name:	Date:
Audited by:	Print Name:	Date:	

Body Map Number:
