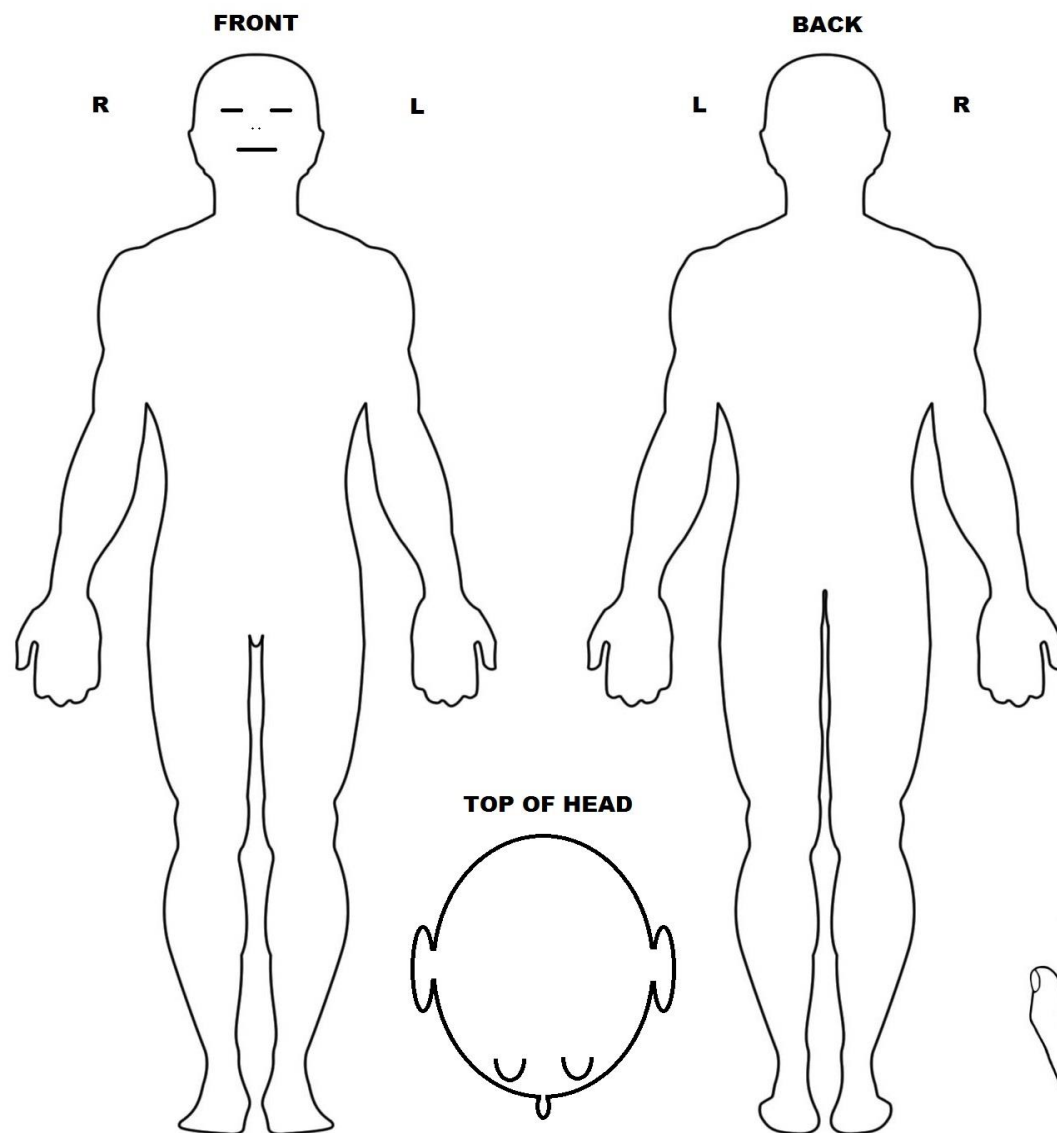


St. Joseph's Specialist Trust – Body Map



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



Key:

Bruises



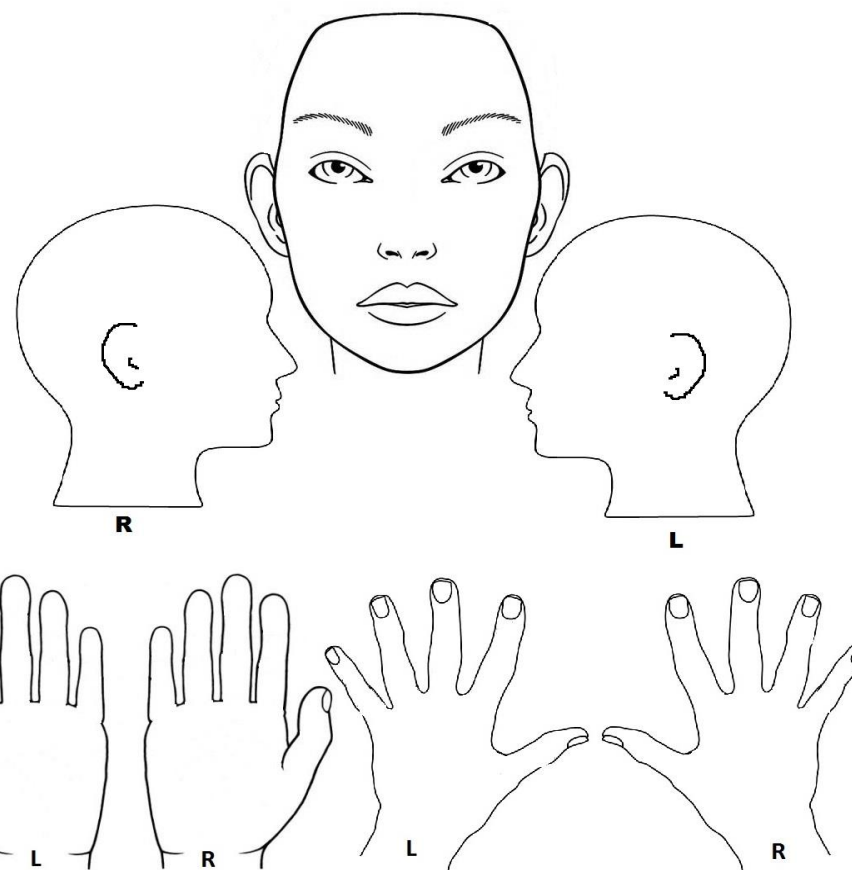
Marks / Burns



Cuts



Scratches



St. Joseph's Specialist Trust – Body Map

Child / Young Person Name:	Class:	Age:
Residential Status: Day Learner / Weekly / 38 Weeks / 48 Weeks / 52 Weeks / Other:		
Date of Observation :	Time:	Date of Completion :
Learner Clothed <input type="checkbox"/> Learner 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:		
Position:		
Signature:		

Safeguarding Team Notes:

Audited by:

Date:

Body Map Number: