**BSCP Self-Harm Incident Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Day and date: | | Time: | |
| Child’s Name: | |  | |
| Age: | Gender: | For Education settings  Year Group: | For Education settings SEND: |
| Name of member of staff completing form: | | Position: | |
| Brief description of incident, including day, date and time of occurrences (bullet point):  *(Use the body map overleaf if applicable)* | | | |
| Actions taken: | | | |
| Recommendations: | | | |
| Follow up required: | | | |
| Form copied to: | | | |

Name of student: .......................................................................................................................

**Body Map**

Please indicate on the relevant diagram(s) the location of the self-harm if appropriate

FRONT

BACK



Name of student: .......................................................................................................................

Date of completion:.....................................................................................................................

Name of member of staff completing form: ............................................................................

Any Additional Information