

**Appendix 3: Chronology of Significant Events Template**

**Individual Agency Chronology**

**Child’s Name: Date of Birth: NHS No:**

**Name of Professional Agency: Date Completed:**

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| DateMUST USE FORMAT:Day/mth/yr.:e.g. 01/01/2023 | *Time of* *action* | Organisation + job title of professional | Contact type e.g. letter, phone, email and source of information | Description. i.e. a summary (unless words used are significant when exact wording should be reproduced). Include who reported concerns, parent’s explanations, whether symptoms were independently observed, , any potential harms, actions taken and any changes of health care professional with reason for the change. | Was child seen or spoken to? What wasobserved or communicated by the child? | Comments by chronology author re significance |
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N.B - It is vital that the chronology is completed to this format and that whenever abbreviations are used a glossary is provided.