

Safeguarding and child protection: the essentials

Diagnostic audit

Please complete this audit as honestly as possible. This will help to present a true reflection of your current knowledge and areas for development. Please return your completed audit to **[name]** by **[date]**.

Name	Role in school	Date
Have you read part 1 of the Department for Education's 'Keeping Children Safe in Education'?		
Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>		
List the name(s) of your designated safeguarding lead(s):		

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1. I believe child abuse could happen to children who attend our school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am able to confidently recognise the behavioural and physical signs of abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I know what to do if a child is in immediate danger or at risk of harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know the correct procedures for reporting concerns about a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I would always report a concern, no matter how small	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would feel confident to pursue a referral if no action was taken and the child's situation didn't improve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>