



Self-harm incident recording form

Appendix 3b

Child/young person's name:	
Age:	Gender:
Year:	Additional Learning Support Needs: Y/N
Staff member completing form:	Position:
Date of report:	Number of previous reported incidents:
Incident description:	
Time and context of occurrence:	
Action taken by school:	
Were parents contacted (if not, why not?)	
Was advice sought from Children and Families Hub (if not, why not?)	

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Appendix 3b

Advice from SET CAMHS?	Y/N	If yes , please give details as follows:
Name of SET CAMHS contact:		
Contact number:		
Advice given:		
Issues discussed:		
Has a risk assessment been undertaken?		
Recommendations /actions agreed:		
Follow up:		
Signature:		
Designation:		

Adapted from: Northamptonshire Children & Young People's Service Hospital and Outreach Education Northamptonshire Toolkit for supporting children and young people presenting with Self-Harming Behaviours, or Intent to Self-Harm, Northamptonshire County Council, Nene CCG, Northamptonshire Healthcare NHS Foundation Trust, NHS Corby CCG, LGSS, Northamptonshire Young Healthy Minds Partnership (2014).