**Record of Meeting Form (page 1)**

**Concern:** **Self-harm and/or thoughts about suicide**

|  |  |
| --- | --- |
| Name of child/ young person |  |
|  |  |
| Place of meeting |  | Date and Time |  |
|  |  |  |  |
| Discussion with |  | Designation |  |

|  |
| --- |
| Child’s/young person’s overall appearance |
|  |
| Description of self-harm, including injury (if applicable) or thoughts about suicide |
|  |
| **Function of the child’s/young person’s behaviour** |
| **Possible questions to ask include*:**** How do you think self-harm helps you?
* Do you know why you are thinking about suicide?
* Do you know how it helps you?
* Does anyone else know how you are feeling?

Continued overleaf |
| **Record of Meeting Form (page 2)**Function of the child’s/young person’s behaviour, continued |
|  |
| Other points/issues from discussion |
|  |
| Next steps (for child/young person and Adult Supporter)Detail what information can be shared and with whom |
|  |
| Support websites, apps and contacts recommended |
| Childline 0800 1111Breathing Space 0800 83 85 87Samaritans 116 123  | Calm Harm appStay Alive appSelf-help Anxiety Management app |

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

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