# CHRONOLOGY Salford Safeguaridng Children PartnershipCONFIDENTIAL WHEN COMPLETED

**Reference (SSCP use):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** | enter name | **Role/Agency:** | enter your name/agency |

**Use the table on the next page for your chronology**

| Agency | Involvement with | Date  | Description of significant event / activity and outcome of event | Child seen? Y/N | Review and analysis |
| --- | --- | --- | --- | --- | --- |
| *Enter name of* **agency completing the chronology** *in all rows to enable cut and paste to a combined chronology* | *Subject of event, eg Child, Mother* | *dd/mm/yyyy hh:mm* | *Details of key event and any observation***\*\*\*\*IMPORTANT\*\*\*\*\*\*\*****Use a separate table row for each event to assist when merging the chronology with other agency chronologies** | *Y/N - if Y, please state initials of children seen* | *Identify what went well, worried about. Include where statutory requirements not met.* |
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