Safeguarding & Prevent Incident Report Form

This form should be used to record safeguarding or prevent concerns. The competed form should be sent by email to a member of the safeguarding team. (If the learner is in immediate danger call 999).

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| Your name | Your position | |
| Department | Contact phone number | |
| The learner’s details | | |
| Name | | |
| Address/phone number | | |
| Date of birth | | |
| Other relevant details about the child: *E.g. family circumstances, physical and mental health, any communication difficulties.* | | |
| Parent/Guardian/Carers details | | |
| Details of the allegations/suspicions | | |
| Are you recording: (Please put X in box for all relevant)   * Disclosure made directly to you by the learner? * Disclosure or suspicions from a third party? * Your suspicions or concerns? | | |
| Date and time of disclosure | | |
| Date and time of incident | | |
| Details of the allegation/suspicions. *State exactly what you were told/observed and what was said. Use the persons own words as much as possible.* | | |
| Action taken so far: | | |
| Signed | | Date |

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