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).

|  |  |
| --- | --- |
| 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 |

Uncontrolled when printed April 2020 V2