

SAFEGUARDING REPORT FORM

Name of member of staff completing the report:	
Name of learner:	
Learner's date of birth:	
Learner's address:	
Name of person reporting alleged abuse/concern:	

Details of report:

Details of the abuse or alleged concern: e.g. when and where it happened, date(s), time, who is allegedly responsible:
Give a description of harm observed e.g. a description of any injuries observed:
Names and details of any other person(s) present: e.g. at the time of the abuse or disclosure:
Any other relevant information e.g. names and contact details of family members, siblings, family structure, next of kin, social worker, advocate

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Date of referral:	
Time of referral:	
Method of referral:	
Signed by person completing this report: Please print name	
Signed by person making the complaint or allegation: Please print name	

Action taken:

Details of action taken with an external agency and/or reference given:

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Or...

Details of other action taken and reasons for non-referral:

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Signed by nominated person:	
Signed by Designated Senior Person or Principal and Chief Executive:	