

Safeguarding Disclosure Form

To be completed in full by **ALL** relevant staff members.

Part 1 – Information

Staff Member Information			
Staff member raising concern:		Job role:	
Staff member contact number:		Staff member email:	
Learner Information			
Learner Name:		Learner ID:	
Learner contact number:		Gender:	
Learner DOB:		Age:	
Learner Postcode:			
Please tick one:			
<input type="checkbox"/> I am reporting my own concerns. <input type="checkbox"/> I am responding to concerns raised by someone else (<i>record details below</i>)			
Name of person raising concern if not staff member:		Contact number(s)	
Designated Safeguarding Lead (DSL):		Date disclosure reported to DSL	

Part 2 – Incident / Disclosure details

Details			
Date of incident/disclosure:		Time:	
Other persons present at time of incident/disclosure:	Y/N	Location of incident/disclosure:	
Reason for concern (<i>please tick</i>)			
Disclosure by learner <i>Concern or risk of harm</i>	<input type="checkbox"/>	Summary of disclosure: <i>Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)</i>	
Disclosure relates to learner or another learner	<input type="checkbox"/>		
Disclosure is current	<input type="checkbox"/>		
Disclosure is historic	<input type="checkbox"/>		
Type of Concern <i>Circle relevant concern(s)</i>	Mental / Physical / Emotional / Other		
Name of other persons present:		Contact number(s)	
Notes of any difference in recollection of incident/disclosure:			
Attitude to concern			
Learner attitude towards our concern:			

Attitude of parent/carer/other support networks as reported by learner:			
Learner informed of duty of care to report concern:	Y/N		
Any additional comments:			
Declaration			
Signature:		Date:	

Part 3 – DSL Decision and Action *(To be completed by Designated Safeguarding Lead)*

Designated Safeguarding Lead (DSL) name:		Date disclosure received:	
Action taken by DSL:			
Rationale for decision making / actions taken:			
Follow up action by DSL:			
Feedback given to person reporting the concerns:			

Has information been sought or shared with Social Worker or another external agency?	Y/N
Name of agency:	
Named person:	
Contact details:	
Time/date of contact:	
Summary of information / advice received:	

Decision <i>(complete for all safeguarding concerns)</i>		
Internal referral <i>(complete 4a)</i>	Y/N	
External referral <i>(complete 4b)</i>	Y/N	
No immediate referral <i>(complete 4c)</i>	Y/N	
Decision clearly communicated to learner	Y/N	
Declaration		
Signature:		Date:

Part 4 – Referral and Follow Up

Part 4a – Internal referral <i>(complete if applicable)</i>	
Referral to:	
Person making referral:	
Date referral made:	
Notes:	

Part 4b – External referral action plan <i>(complete if applicable)</i>	
Referral to:	
Person making referral:	
Date of referral	
Information to be shared with agency:	
Response requested from agency:	
Person responsible for following up:	
Follow up on (date):	

Part 4c – Support and follow up communication with client/External agencies <i>(complete for all safeguarding concerns)</i>		
Contact date & time	Support and or follow up communication	Date action to be delivered by