

Appendix 4: Reporting Form for Safeguarding Concerns or Disclosures

This form must be completed as soon as possible after receiving information that causes concern or suspicion or comprises an allegation of the abuse of a child or vulnerable adult (and in any event within 24 hours). This must be discussed with a Local Safeguarding Officer as soon as possible. Do not cause delay by attempting to obtain information to complete all of the details.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child vulnerable adult. Do not discuss this incident with anyone other than those who need to know. Ensure that this form is kept securely and confidentially if in hard copy format or is password protected if stored electronically.

Continue on a separate sheet of paper if required and attach securely to this form.

Part 1: About You

Name:

.....

Your role:

.....

Details of any other organisation involved:

.....

Your relationship to the child or vulnerable adult concerned:

.....

Part 2: About the Child/Vulnerable Adult(s)

Name(s):

.....

Gender:

Age:.....

Address:

.....

Who does the person live with?

.....

Part 3: About Your Concern

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Was an allegation made? Did a child or vulnerable adult disclose abuse?

.....

Date, time and place of any incident(s):

.....

Nature of concern/allegation:

.....

Observations made by you (e.g., person's emotional state, any physical evidence, injuries):

.....

Write down exactly what the person said, and what you said:

.....

Any other relevant information? (e.g., disability, language):

.....

Were other children or vulnerable adults involved or aware (or said to be involved or aware)?

.....

Are you aware of any future immediate risk of harm to the child or vulnerable adult?

.....

Have you reported this to parents or caregivers or any other personnel or agencies?

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Time and date of reporting:

.....

Person(s) to whom report was made:
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Advice given/action taken:
.....

Name of person making report:
.....

Date: Signature:

Receiver of report

Name:
.....

Position and organisation:
.....

Signature:

Action taken (including details of reports made to the Aquaid Lifeline Fund and/or external authorities and advice received):