# **Safeguarding Disclosure Form**

Please complete sections 1 and 2, if you are raising a safeguarding concern. If you believe the individual is in immediate danger, contact the Police immediately by calling 999.  
If possible, please speak with a Designated Safeguarding Lead (DSL) before completing this form. Please complete the form as fully as possible and submit to one of the DSL’s listed below.

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| --- | --- | --- | --- |
| Name | Role | Email | Phone |
| Jobeth Hamilton | Designated Safeguarding Lead | [Jobeth.hamilton@sportstructures.com](mailto:Jobeth.hamilton@sportstructures.com) | 07917388166 |
| Kath Percival | Designated Safeguarding Lead | [Katherine.percival@sportstructures.com](mailto:Katherine.percival@sportstructures.com) | 07917 388174 |

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| **Part 1: Person raising the concern** | | | |
| Reporting basis | I am reporting my own concerns.  I am responding to concerns raised by someone else  *(Please record details below)* | | |
| Name of the person raising the concern: |  | Job role: |  |
| Contact number: |  | Email address: |  |
| Do you wish to remain anonymous? | Yes  No | | |
| **Individual details** | | | |
| Is the individual a child or an adult? *(Please note, a child is someone who has yet to reach their 18th birthday?)* | | | Child  Adult |
| Name of child/adult: |  | | |
| Contact number: |  | Age: |  |
| Postcode: |  | | |
| Other relevant family details | | | |
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| Date disclosure reported to DSL: |  | | |

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| **Part 2:**  **Incident/Disclosure Details** | | | | |
| What instance or circumstance has led you to share this concern? | | | | |
|  | | | | |
| Where other persons present at the time? | | | Yes  No | |
| If yes, please specify who: | | |  | |
| Date of incident/disclosure: | | |  | |
| Describe your relationship to the individual at risk: | | |  | |
| Nature of concern: (tick all that apply) | | | Disclosure by a child/adult  Concern or risk of harm | |
| Type of disclosure: (tick all that apply) | | | Relates to a child  Relates to an adult  Current concern  Historic concern | |
| Summary of the disclosure or concern:  *(Briefly describe what was shared, using the individual's own words wherever possible.)* | | | | |
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| Detailed account of the incident or disclosure  *Please include:*   * *What was said or observed* * *The emotional state and/or physical condition of the individual (e.g. distress, visible injuries)* * *Whether the information is being reported as fact, observation, or second-hand (hearsay)* * *Any immediate action taken (e.g. first aid, contacting external agencies)* * *Please avoid interpretation or assumption* | | | | |
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| Attitude and reactions | | | | |
| Attitude of the individual towards the concern: | | |  | |
| Reported attitude of parent/carer or support network (if relevant): | | |  | |
| Has the individual been informed of the need to report this concern? | | | Yes  No | |
| Additional information or comments | | | | |
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| Declaration | | | | |
| I confirm that the information provided above is accurate to the best of my knowledge and has been shared in good faith. | | | | |
| Signature |  | Date | |  |

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| **Part 3** – **Designated Safeguarding Lead (DSL) Decision and Action**  **(To be completed by the DSL)** | | |
| Designated Safeguarding Lead (DSL) name: |  | |
| Date disclosure received: |  | |
| Action taken by DSL: | | |
|  | | |
| Rationale for decision making/actions taken: | | |
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| Follow up action by DSL: | | |
|  | | |
| Feedback given to the person reporting the concerns: | | |
|  | | |
| Recorded on case management log? | | Yes  No |
| Has information been sought or shared with an external agency? | | Yes  No |
| If yes, please detail the name of the agency, named person, contact details, time/date of contact | | |
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| If yes, provide a summary of information/advice received: | | |
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| **Decision (DSL to complete for all safeguarding concerns)** |
| Internal referral (complete part 4a)  External referral (complete part 4b)  No immediate referral (complete part 4c)  Decision clearly communicated to learner |

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| **Part 4** – **Referral and Follow Up (To be completed by the DSL)** | |
| **Part 4a – Internal referral** *(complete if applicable)* | |
| Referral to: |  |
| Person making referral: |  |
| Date referral made: |  |
| Notes: |  |
| **Part 4b – External referral action plan** *(if applicable)* | |
| Referral to: |  |
| Person making the referral: |  |
| Date of referral: |  |
| Information to be shared with agency: |  |
| Response requested from agency: |  |
| Person responsible for following up: |  |
| Follow up on (date): |  |

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| **Part 4c – Support and follow-up communication (To be completed by the DSL)** | | |
| Contact date & time | Support and or follow-up communication | Date action to be delivered by |
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| Declaration | | | |
| I confirm that I have reviewed the concern detailed in this form and have taken appropriate actions in accordance with safeguarding policies. | | | |
| Signature of DSL |  | Date |  |