# **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 | 07917388166 |
| Kath Percival | Designated Safeguarding Lead | 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? |
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| 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.)* |
|  |
| 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: |
|  |
| Follow up action by DSL: |
|  |
| Feedback given to the person reporting the concerns: |
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| 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 |  |