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# Safeguarding Disclosure Form

Individuals are encouraged to complete sections 1 and 2. Sections 3 and 4 are to be completed by the Designated Safeguarding Lead (DSL) or Deputy DSL. Please complete as fully as possible and send it immediately to the DSL and Deputy DSL.

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| **Designated Safeguarding Lead**  |
| Jobeth Hamilton jobeth.bastable@sportstructures.com07917 388166Sport Structures, Suite 8, The Cloisters, 12 George Road, Edgbaston, Birmingham B15 1NP  |

In the event that the DSL is unavailable, please pass the information on to our Deputy DSL:

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| **Deputy Designated Safeguarding Lead**  |
| Simon Kirkland Simon.kirkland@sportstructures.com 07766 768474 Sport Structures, Suite 8, The Cloisters, 12 George Road, Edgbaston, Birmingham B15 1NP  |

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| **Part 1: Person raising the concern**  |
| [ ]  A) I am reporting my own concerns. [ ] B) I am responding to concerns raised by someone else If you selected B, please specify ‘who’ the other person is: |
|  |
| Name of person raising the concern: |    | Job role and organisation (if applicable):  |   |
| Contact number:  |   | Email address:  |   |
| **Individual details** |
| **Is the individual an adult or child? (A child is someone who is yet to reach their 18th birthday)**[ ]  A) Child [ ] B) Adult |
| Name of child/adult:  |   | Learner ID *(if applicable):*  |   |
| Contact number of child/adults:  |  | Gender:  |   |
| Date of Birth:  |   | Age:  |   |
| Postcode of child/adult:  |   |   |   |
| Designated Safeguarding Lead (DSL):  |   | Date disclosure reported to DSL  |   |

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| **Part 2:**  **Incident/Disclosure Details**  |
| Date of incident/ disclosure:  |   | Type of concern  |  Safeguarding or Prevent |
| Other persons present at time of incident/disclosure:  | Y/N  | Location of incident/disclosure:  |   |
| **Reason for concern** *(please tick)* |
| Disclosure by a child/adult*Concern or risk of harm*  |  | Summary of disclosure:  *Details of the incident or concerns (include other relevant information, such a as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)*   |
| Disclosure relates to a child/adult |  |
| Disclosure is current  |  |
| Disclosure is historic  |  |
| Details of incident/disclosure including any action to date.  | *Provide full details of the incident or disclosure here – try to be as factual as possible and use the words and phrases of the person making the disclosure if possible.* ***Under no circumstances*** *note opinion, or personal interpretation of what an individual “meant”. You may include observations such as body language, emotional state, injuries etc.* *Also include any immediate action taken such as first aid or referrals to any external agencies such as the Police, social services, NSPCC etc. with all corresponding advice and contact details of those agencies if contacted.*   |
| Name of other person(s) present (if relevant):  |   | Contact number(s)  |   |
| **Attitude to concern**  |
| Individual attitude towards our concern (if appropriate):  |  |  |
| Attitude of parent/carer/other support networks as reported by learner: |  |  |
| Individual informed of duty of care to report concern: | Y/N  |  |
| Any additional comments:  |   |  |
| **Declaration**  |  |  |
| 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 person reporting the concerns:  |     |
| Recorded on case management log?  |  [ ]  Yes [ ]  No  |

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

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

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| **Part 4** – **Referral and Follow Up**  |
| **Part 4a – Internal referral** *(complete if applicable)* |
| Referral to:  |   |
| Person making referral:  |   |
| Date referral made:  |   |
| Notes:  |     |
| **Part 4b – External referral action plan** *(complete if applicable)*  |
| 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):  |   |

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| **Part 4c – Support and follow-up communication with client/external agencies** *(complete for all safeguarding concerns)* |
| Contact date & time  | Support and or follow-up communication  | Date action to be delivered by  |
|   |   |    |
|   |   |    |