

SAFEGUARDING DISCLOSURE FORM

This form is to be completed by the observer of the incident or the team member receiving the information. ALL incidents or safeguarding concerns MUST be recorded and then discussed with the CLS Lead.

INDIVIDUAL OF CONCERN

Name	
Date of birth	
Address	
Creative Learning Studio	
Programme Start Date	
Programme End Date	

INCIDENT REPORTING

<p>Is this an escalation from a behaviour report? If yes -skip sections below that have been completed on that form</p>	YES/NO
Was the incident observed by you?	YES/NO
If no to above, who reported the incident to you? E.g. the above student, another student, another team member, parent/carer, member of public	



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THE INCIDENT

Date (and time if known)	
Location	
<p>Describe what happened – try to use the reporters own words.</p> <p>Include all persons allegedly involved, and in what way. Include other student details where appropriate. Include details of any witnesses</p>	

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ACTION TAKEN FOLLOWING DISCLOSURE

<p>CLS Lead informed – when?</p> <p>Notes of discussion</p> <p>Describe any agreed actions</p>	
<p>DSL informed – when and by whom?</p> <p>Describe any agreed actions</p>	
<p>Parents/Carers informed – if so when and by whom?</p> <p>Notes of the discussion where applicable</p>	
<p>Police informed –</p> <p>If yes –</p> <p>By whom</p> <p>Date</p> <p>time</p> <p>Address</p> <p>Name of officer</p> <p>Position</p> <p>Email address</p> <p>Telephone number</p>	<p>Yes/No</p>



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<p>Notes of the discussion where applicable</p>	
<p>Local Authority informed –</p> <p>If yes – By whom Date time Address Name of officer Position Email address Telephone number</p> <p>Notes of the discussion where applicable</p>	<p>Yes/No</p>
<p>Describe any other persons informed or other actions and discussion notes</p>	

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FUTURE ACTION/S REQUIRED

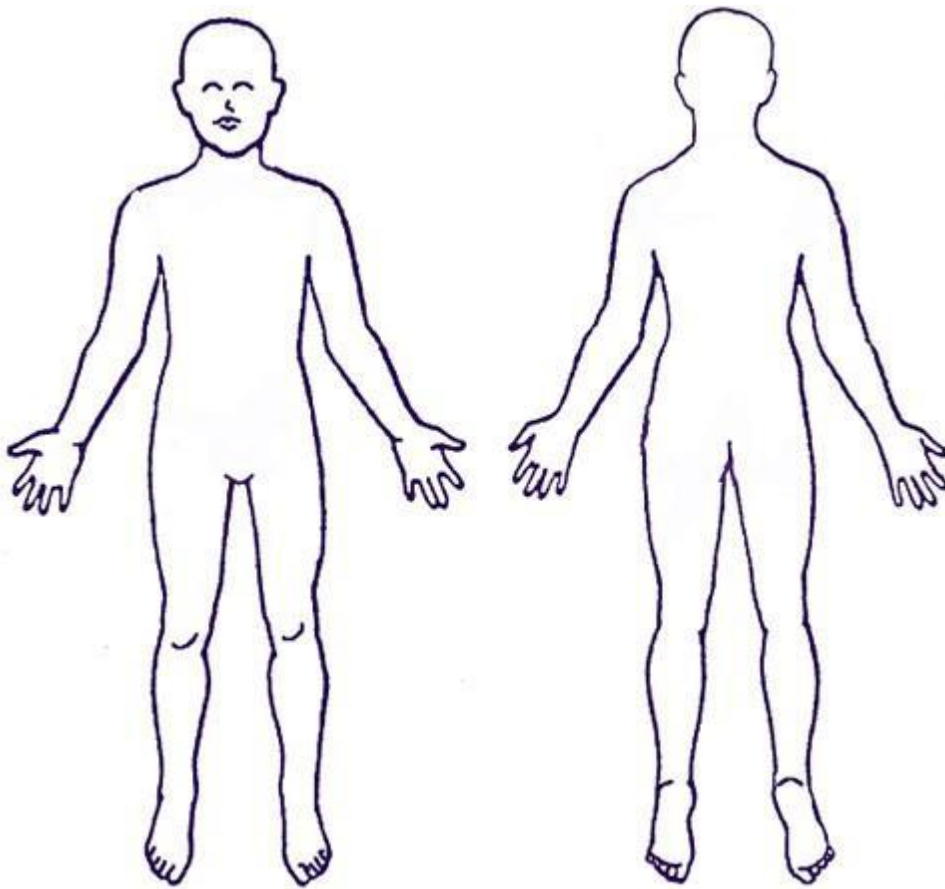
Describe further actions that need to be taken and who is responsible
e.g. as a result of any of the above discussions

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BODY MAP

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it is not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe, and pass it on.**





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CLS LEAD

Confirm the incident has been recorded on the central register

Date of entry: _____

Confirm the incident has been recorded on the student file

Date of entry: _____

The DSL will review the central register on a weekly basis.

SIGNATURES

Name of person completing form	Signature and date

Creative Learning Studio Lead / Designated Safeguarding Lead	Signature and date

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