

SAFEGUARDING INCIDENT REPORTING FORM

STRICTLY CONFIDENTIAL

TO BE COMPLETED BY STAFF IN ALL INSTANCES OF SAFEGUARDING
QUERIES/CONCERNS

Date of initial report/ referral:

Time of initial report/ referral:

Staff member(s):

Name and details of individual(s) concerned *(please include all names of those involved or implicated and contact details/whereabouts as known. Where students please include ID numbers and where children please indicate ages/dates of birth if known):*

Does the report/ referral relate to concern(s) arising from within a practice area? Y/N *(if yes, please give details, and is the placement area aware of them?):*

Name of Mentor/Supervisor/Practice Educator/Personal Tutor (if applicable):

Nature of concern(s):

Description of actions taken/advice given (include contact details of internal/external people/agencies contacted if relevant):

Signed:

Date:

Please pass this form to the Designated Safeguarding Lead/other nominated authority e.g. your line manager once completed