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| 1. Your details – person completing the form |
| Name: |  |
| Date: |  |
| Position: |  |

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| 2. Are you responding to your own concerns or to concerns raised by someone else? |
| [ ]  Responding to my own concerns[ ]  Responding to concerns raised by someone else |
| If responding to concerns raised by someone else: |
| Name: |  |
| Position: |  |
| Telephone: |  |
| Email: |  |

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| 3. Details of the Incident  |
| [ ]  Did the Safeguarding concern occur internally (an ASDAN staff member or contracted member of staff) *complete section 3.*[ ]  Did the Safeguarding concern occur externally (a centre/school/client) *complete section 4.* |
| If the Safeguarding concern occurred **internally** please provide details of the incident. Details of the incident (please describe in detail using only the facts)  |
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| 4. Details of the centre affected |
| Centre name: |  |
| Centre number: |  |
| Single point of accountability: |  |
| Contact email: |  |
| Designated safeguarding officer: |  |
| Contact email: |  |
| Centre Safeguarding policy seen? | Yes [ ]  No [ ]  |
| Details of the incident (please describe in detail using only the facts) |
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| 5. Other present or potential witnesses  |
| Name: |  |
| Position: |  |
| Telephone: |  |
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| To be completed by ASDAN Safeguarding team only |
| 6. Please provide details of action taken to date: |
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| 7. Has the incident been reported to any external agencies? |
| [ ]  Yes[ ]  No |
| If yes, please provide further details: |
| Name of organisation/agency: |  |
| Contact person: |  |
| Telephone: |  |
| Email: |  |
| Date of contact: |  |
| Agreed action or advice given: |  |

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| Name: |  |
| Signature: |  |
| Date: |  |