

Safeguarding incident form

| 1. Your details – person completing the form | |
|--|----------------------------------|
| Name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |

| 2. Are you responding to your own concerns or to concerns raised by someone else? | |
|---|----------------------------------|
| <input type="checkbox"/> Responding to my own concerns | |
| <input type="checkbox"/> Responding to concerns raised by someone else | |
| If responding to concerns raised by someone else: | |
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

| 3. Details of the Incident | |
|---|--|
| <input type="checkbox"/> Did the Safeguarding concern occur internally (an ASDAN staff member or contracted member of staff) <i>complete section 3.</i> | |
| <input type="checkbox"/> Did the Safeguarding concern occur externally (a centre/school/client) <i>complete section 4.</i> | |
| If the Safeguarding concern occurred internally please provide details of the incident. Details of the incident (please describe in detail using only the facts) | |
| Click or tap here to enter text. | |

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| 4. Details of the centre affected | |
|--|--|
| Centre name: | Click or tap here to enter text. |
| Centre number: | Click or tap here to enter text. |
| Single point of accountability: | Click or tap here to enter text. |
| Contact email: | Click or tap here to enter text. |
| Designated safeguarding officer: | Click or tap here to enter text. |
| Contact email: | Click or tap here to enter text. |
| Centre Safeguarding policy seen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of the incident (please describe in detail using only the facts) | |
| Click or tap here to enter text. | |

| 5. Other present or potential witnesses | |
|---|----------------------------------|
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |

Please forward to safeguarding@asdan.org.uk

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| To be completed by ASDAN Safeguarding team only | |
|---|----------------------------------|
| 6. Please provide details of action taken till the situation was resolved: | |
| Click or tap here to enter text. | |
| 7. Has the incident been reported to any external agencies? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| If yes, please provide further details: | |
| Name of organisation/agency: | Click or tap here to enter text. |
| Contact person: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Date of contact: | Click or tap here to enter text. |
| Agreed action or advice given: | Click or tap here to enter text. |
| Safeguarding Lead / Designated Lead Name: | Click or tap here to enter text. |
| Signature: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |