

**Safeguarding**

**Reporting Concerns From**

Team members and chaperones are required to complete this form and pass it to Kate Rogers (DSL), Claire Dunsford or Katy Tuxford (DDSL) if they have a safeguarding concern about a member of the Kate Rogers Creative Academy CIC.

| **Information Required** | **Enter Information Here** |
| --- | --- |
| Full name of child |  |
| Date of birth |  |
| Session |  |
| Your name and role |  |
| Nature of concern/disclosure  *Please include where you were when the disclosure was made, what you saw, who else was there, what did the young person say or do and what you said.*  *Remember to record what the young person said as accurately as possible using the words and phrases they used.* |  |
| Time & date of incident: |  |
| Name and position of the person you are passing this information to |  |
| Your Signature |  |
| Time and date form completed |  |
| ***The following is to be completed by the DSL or DDSL*** | |
| Time form received by DSL |  |
| Action Taken by DSL  Include a welfare check with the person reporting the concern |  |
| Referrals made including organisation, date and time.  *MARU, LADO, Police, Social Services, Internal only* |  |
| Parents Informed [yes/no, date and time] |  |
| Feedback given to team  [yes/no, date and time] |  |
| Feedback given to child  [yes/no, date and time] |  |
| Feedback given to person who recorded disclosure  [yes/no, date and time] |  |
| Further Action Agreed |  |
| Full Name of DSL |  |
| Signature of DSL |  |
| Date of Signature |  |