# **SAFEGUARDING, PREVENT AND LEARNING SUPPORT REPORT FORM**

**Safeguarding, Prevent and Learning Support**

**Reporting Form**

[CONFIDENTIAL]

*Reporting individual – please complete SECTION(S) 1 and 2 only*

*Designated Safeguarding Lead/Officer – please complete SECTIONS 3 and 4 only*

**SECTION 1 *to be completed by the reporting individual***

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| **PART A – Main Details** | |
| Date concern raised |  |
| Who is the person in need of support? |  |
| What is their date of birth? |  |
| Their contact details:   * E-mail address * Telephone number * Shift pattern |  |

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| **PART B - Details of Concern** | |
| 1. How has the concern manifested? |  |
| 1. Describe what has happened, when and where |  |
| 1. What are the person’s views about this? |  |
| 1. Describe the risks or any injuries or harm experienced by the person (if applicable) |  |
| 1. Does the person require learning support? |  |

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| **PART C – Nature of Concern** | |
| Select all that apply by placing an ‘X’ in the box: | |
| **Safeguarding** | |
| Physical abuse |  |
| Sexual abuse |  |
| Sexual exploitation |  |
| Domestic abuse |  |
| Financial/material abuse |  |
| Self-neglect |  |
| Neglect/acts of omission |  |
| Discrimination |  |
| Organisational or institutional |  |
| Psychological/emotional |  |
| Modern slavery |  |
| County Lines |  |
| At risk of being radicalised or drawn into extremism/terrorism (Prevent) |  |
| **Learning Support** | |
| Care leaver |  |
| Carer |  |
| Anxiety |  |
| Dyslexia |  |
| Dyscalculia |  |
| Other (provide details below) |  |
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| **PART D – Consent to Report** | |
| Please provide additional details regarding the concern |  |
| What does the person want to happen? |  |
| Has the person involved given consent for these concerns to be raised (Y/N)? |  |
| Did the person have mental capacity to given consent (Y/N)? |  |
| Has the person involved been advised that we will inform their employer of the concern/s raised? |  |

**SECTION 2 *to be completed by the reporting individual***

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| Name: |  |
| Telephone Number: |  |
| Work E-mail: |  |
| Date: |  |
| Signature: |  |

**SECTION 3 *to be completed by the Designated Safeguarding Lead/Officer completing the form.***

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| **PART E - Action Taken In Relation To:** | | |
| **Safeguarding** | **Prevent** | **Learning Support** |
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| **PART F – External Reporting** | |
| Have the police been informed (Y/N)? |  |
| If YES, please provide the:   * *Police point-of-contact* * *Constabulary* * *Crime ref number (if applicable)* |  |
| Have you informed the LADO in the geographical area concerned (Y/N)?  (Where allegations have been made against/your concern is about someone who work with children). |  |
| If YES, please provide the:   * Name of the LADO you have informed * Their contact details * The geographic area & organisation/team the LADO is located within * A reference number |  |
| Have you made a referral to Prevent?  (if your concern is about a learner being susceptible to radicalisation into terrorism). |  |
| If YES, please provide the:   * Name of the person you have submitted the National Prevent Referral Form to * Their contact details * The geographic area & organisation/team the person is located within * A reference number |  |
| Has medical intervention been sought (Y/N)? |  |
| If YES, please provide details of the action that you have taken and the outcome. |  |
| Are there any other people involved? |  |
| If YES, please provide the following details:   * *Their name* * *How are they involved?* * *Are they aware that concern has been raised?* |  |
| Does the employer of the person of concern know that the concern has been raised (Y/N)? |  |
| If YES, please provide the following details:   * Name of organisation * Single Point of Contact (SPOC) |  |
| Are there any safety or confidentiality issues that may impact on how the concern is acted upon? If YES, please provide details |  |
| **PART G - Additional Information** | |
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**SECTION 4 *to be completed by the Designated Safeguarding Lead/Officer completing the form.***

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| Name: |  |
| Telephone Number: |  |
| Work E-mail: |  |
| Date: |  |