**Safeguarding and Prevent Notification Form – Strictly Confidential**

**This form is to be used by all staff (and relevant employer staff) to record any Prevent issues and safeguarding incidents, disclosures or suspicions of abuse, or potential risk of harm relating to a child, young person (under 18 years) or adult at risk.**

Once completed and checked, the form should be sent to the Designated Safeguarding Lead (DSL) within 24 hours. The DSL will notify the HR Manager, appropriate member of the SLT, and the Safeguarding Lead for Governors, as appropriate.

Note: This form is to be completed electronically.

**Part A: Control and follow-up**

|  |  |  |
| --- | --- | --- |
| **Incident** | **Date** | **Notes** |
| **Referral to DSL (or Deputy DSL)**  | Click or tap to enter a date. |  |
| **Referral to Safeguarding Officers**  | Click or tap to enter a date. |  |
| **Referral to HR Manager**  | Click or tap to enter a date. |  |
| **Follow-up: One at four weeks**  | Click or tap to enter a date. |  |
| **Follow-up: Two at three months**  | Click or tap to enter a date. |  |
| **Follow-up: Three at six months**  | Click or tap to enter a date. |  |
| **Follow-up: (other)** | Click or tap to enter a date. |  |

**Part B: Headline details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral made by TSN staff** (Yes/No) |  | **Name of person making this referral: (please print name)** |  |
| **Job title of referrer:** |  | **Contact phone number**  |  |
| **Place of work of referrer:** |  | **Email of referrer:** |  |
| **Is this a safeguarding incident?** | [ ]  | **Is this a Prevent incident?** | [ ]  |
| **The learner’s details** |
| Is the learner:* A child or young person (under 18 years of age)? **Yes/No**
* An adult? **Yes/No**
 |  Name of learner: |
| Learner number: | Address: |
| Date of birth: Click or tap to enter a date.Age at point of referral:  | Telephone number: |
| Course/curriculum area: |  | Was an interpreter: Required?Arranged?  | **Yes/No****Yes/No** |
| First preferred language: |  | Any specific needs: |  |
| Name and address of employer [for Apprentices]: |

 **Part C: Details of safeguarding concern**

|  |
| --- |
| **Detail the safeguarding concern:** |
| **Other relevant details about the person involved:***Include family circumstances (e.g. substance misuse, domestic abuse, parental mental health issues, or any other factor which may impact on parenting), physical and mental health of the person concerned, any communication or learning difficulties they may have.* |
| **Is the person in danger of further abuse?** | [ ]  |
| **Is the person any risk to others?** | [ ]  |
| **Parent/guardian/carer contact details:** |  |
| **Relationship to person concerned:** |  |
| **Any siblings/children/dependents if known:** | **Yes/No/Not known*****(Siblings/children/dependents) − delete as appropriate*** |
| **Name** |  | **DOB** |  | **Gender** |  |
| **Name and address of GP if known:** |  |
| **Are you recording:**(*tick as appropriate)* | **A disclosure made directly to you by the learner?** [ ] **A disclosure or suspicions from a third party?** [ ] **Your suspicions or concerns?** [ ]  |
| **Date and time of disclosure:** | Click or tap to enter a date.  |
| **Date and time of incident:** | Click or tap to enter a date. |
| **Are there any previous reports?** | **Yes/No** |
| **Date(s) of any previous reports** (if applicable) | Click or tap to enter a date. |
| **Is there a risk assessment in place for any learners involved in the disclosure?** **Yes/No** |
| **Name of learner (if different to report name):** |  |
| **Date of risk assessment:** | Click or tap to enter a date. |
| **Additional risk factors:**  | Radicalisation |[ ]
|  | Pregnant |[ ]
|  | Has responsibility for children |[ ]
|  | Current or recent suicide attempts |[ ]
|  | History of self-harming |[ ]
|  | Self-neglect |[ ]
|  | Threats or violence to others |[ ]
|  | Substance misuse  |[ ]
|  | Currently receiving medication |[ ]
|  | Mental health problems |[ ]
|  | Other [***please state***] |  |

**Part D: Action and response**

|  |  |  |
| --- | --- | --- |
| **Internal action** | **Referred to DSL (Deputy/Safeguarding Officers) and/or HR** |[ ]  *Notes:*  |
| **External agencies** | **Referral to social services** |[ ]  *Notes:*  |
| **External agencies** | **Police or other emergency services involved?**  |[ ]  *Notes:*  |
| **External agencies** | **Were any other external agencies contacted?**  |[ ]  *Notes:*  |
| **Medical**  | **Was A&E attended?**  |[ ]  *Notes:*  |
| **Medical**  | **Which agency/service was contacted?** |[ ]  *Notes:*  |
| **Medical**  | **Was first aid administered?** |[ ]  *Notes:*  |
| **Medical**  | **Details of first aid administered** |[ ]  *Notes:*  |
| **Data and consent**  | **Has the person concerned been informed and consented to the sharing of this information with other professionals/organisations?** |[ ]  *Notes:*  |
| **Data and consent** | **Information shared with:**(please include contact details) |  | *Notes:*  |
| **Location**  | **The person concerned is now:**(describe current condition and whereabouts) |  | *Notes:*  |
| **Additional notes** |  |  |

**Part E: Ethnicity and diversity monitoring**

|  |  |
| --- | --- |
|  | Please tick |
| **White** – Welsh/English/Scottish/Northern Irish/British |[ ]
| **White** – Irish |[ ]
| **White** – Gypsy or Irish Traveller |[ ]
| **White** – Any other White background (please describe) |[ ]
| **Mixed/Multiple ethnic groups** – White and Black Caribbean |[ ]
| **Mixed/Multiple ethnic groups** – White and Black African |[ ]
| **Mixed/Multiple ethnic groups** – White and Asian |[ ]
| **Mixed/Multiple ethnic groups** – Any other Mixed/Multiple ethnic background (please describe) |[ ]
| **Asian/Asian British –** Indian |[ ]
| **Asian/Asian British** – Pakistani |[ ]
| **Asian/Asian British** – Bangladeshi |[ ]
| **Asian/Asian British** – Chinese |[ ]
| **Asian –** Any other Asian background (please describe) |[ ]
| **Black/African/Caribbean/Black British** – African |[ ]
| **Black/African/Caribbean/Black British –** Caribbean |[ ]
| **Black/African/Caribbean/Black British –** Any other Black/African/Caribbean/Black British background (please describe) |[ ]
| **Arab** |[ ]
| **Other ethnic group** (please describe) |[ ]
| **Male**  |[ ]
| **Female**  |[ ]
| **Transgender** |[ ]
| **16-18** |[ ]
| **Adult (vulnerable)**  |[ ]
| **Bisexual**  |[ ]
| **Gay**  |[ ]
| **Heterosexual**  |[ ]
| **Prefer not to say**  |[ ]
| **Not known – not revealed**  |[ ]
| **Other** |[ ]