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

|  |  |
| --- | --- |
| 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: |  |

|  |
| --- |
| 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) |
|  |

|  |  |
| --- | --- |
| 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) | |
|  | |

|  |  |  |
| --- | --- | --- |
| 5. Other present or potential witnesses | | |
| Name: |  | |
| Position: |  | |
| Telephone: |  | |
|  |  | |
| To be completed by ASDAN Safeguarding team only | | |
| 6. Please provide details of action taken to date: | | |
|  | | |
| 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: | |  |

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