**CONFIDENTIAL**

**Safeguarding Young People and Vulnerable Adults - Report of Serious Concern.**

**Please complete all details**

|  |  |
| --- | --- |
|  | Name of staff member or person reporting concern: Job title to relationship to the learner: Telephone contact:Email: When did you become concerned?Date: Time: Signature of recorder: |

|  |  |
| --- | --- |
|  | **Learner details:** Name of Learner:DOB:Address:Telephone contact: Course title:* Does the learner have a disability or learning difficulty? Yes/No
* Looked after child/care leaver Yes/No
* Education Health Care Plan Yes/No

If yes please give details: |

|  |  |
| --- | --- |
|  | Where allegation is made by someone other than the learner named above:Name of individual: Relationship to learner: Incident details: |
|  | Reason given for concern:Incident as detailed by learnerAny other relevant information or action already taken by the referrer (continue on separate sheet of paper if necessary): |

|  |  |
| --- | --- |
|  | Witnesses (to the incident, the disclosure, or who can give relevant information (attach separate sheet of paper if necessary):Name Address Name Address |

This report **must** be submitted to Safeguarding inbox (safeguarding@maybirdtraining.com) the same day as the concern is raised.

|  |  |
| --- | --- |
|  | Action taken by Safeguarding Officer *(continue on separate sheet of paper if necessary):* |
| Date | Time | Initials |   |
|  |  |  |
| Referral: |
| Date | Time | Initials |  |
|  |  |  |
|  | Approved by Designated Safeguarding Lead.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please note this information will be kept confidential within the Safeguarding Team.