**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 learner  Any 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.