

APPENDIX 4

1. Basic Details							
Learner's Name:		Date of Birth:					
Learner's telephone number		Assessor					
Learning Programme:		Referrer Name:					
Job Title:		Date of Referral					
2. Disclosure/Concern							
Type of Abuse							
Please tick relevant boxes							
<input type="checkbox"/> Emotional	<input type="checkbox"/>	<input type="checkbox"/> Physical	<input type="checkbox"/>	<input type="checkbox"/> Sexual	<input type="checkbox"/>	<input type="checkbox"/> Neglect	<input type="checkbox"/>
Other safeguarding issue:							
Learner has SEN and/or disabilities							
Yes/No							
Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by a learner use their words)? Where? When (date and time of incident)? Any witnesses?							
What is the learner's account/perspective?							
Any other relevant information (distinguish between fact and opinion). Previous concerns etc.							

**Check to make sure your report is clear to someone else reading it.
Please pass this form to your Designated Safeguarding Lead.**