

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							
Emotional		Physical		Sexual		Neglect	
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.