

Safeguarding Form

Please complete this form with as much information as possible. This form is to be handed in directly to a Manager and go straight to the Safeguarding Lead or Deputies (Safeguarding@activetameside.com). The information is to only be used to protect those concerned.

Date & Time of Incident / Concern			
Is this about a child or vulnerable adult?			
Name	DOB		
Address			
Association to the organisation (employee, client/customer and which service area/facility they attend)			
To your knowledge is this person open to any other services?			
Details of your Safeguarding Incident / Concern (A) Describe what has happened, when and where, (B) What are the person at risk's views about this (C) Describe the risks or any injuries or harm experienced by the person at risk (D) Is there a frequency/pattern? (E) Is there anyone else involved?			

If appropriate, has a body map been completed? Yes No

What does the person at risk want to happen now? Has a conversation with the individual taken place?

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- Is the person aware of the referral? Yes No
- Has the person at risk, given consent for these concerns to be raised? Yes No Not Sure
- Did the person have mental capacity to give consent? Yes No Not Sure
- Are there others at risk? Yes No Not Sure

What actions have you taken?

- Have the police been informed? Yes No
- Has medical intervention been sought? Yes No
- Where appropriate have family been made aware? Yes No

Anything else we need to know? Include any safety or confidentiality issues that may impact on how the concern is acted upon

Print Name:

Date:

Signature: