 **APPENDIX ONE**

**Safeguarding Expression of Concern Form**

**This form should be completed when there is cause for concern and given to the Designated Safeguarding Lead as soon as possible.**

 Remember: - you cannot offer absolute confidentiality

* do not use leading questions
* clarify the situation

 Please send the completed report to the Designated Safeguarding and Vulnerable

 Adults Lead with responsibility for child protection and safeguarding vulnerable adults,

 and keep a copy securely for your records only. If the DSL has an out of office

 message on, please send to the Deputy SVAO.

* joy.mounter@learninginstitute.co.uk DSL
* jacky.olver@learninginstitute.co.uk DSO
* mroberts@college.callington.net ARENA DSO

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| Details of Student: |

Student’s Name:

Course/Yr Group:

Centre/ Setting:

DSL Name and Contact (School) ing)(ARE{"Attachments":[{"\_\_type":"ItemIdAttachment:#Exchange","ItemId":{"\_\_type":"ItemId:#Exchange","ChangeKey":"CQAAABYAAAACUMl4z6abQrCLzXJN7vnFAAIeZV60","Id":"AAMkAGMxYjc4NmRlLTVkYzMtNDRmMC05MGZjLThkMzYzNDNkMDNjYQBGAAAAAAD+xJrRo6M8Qan35oRqAnNNBwACUMl4z6abQrCLzXJN7vnFAAAAAAEJAAACUMl4z6abQrCLzXJN7vnFAAIessgHAAA="},"Name":"safe guarding info","IsInline":false,"Size":1024656},{"\_\_type":"ItemIdAttachment:#Exchange","ItemId":{"\_\_type":"ItemId:#Exchange","Id":"ItemIdAttachmentSeparator"}}

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| Details of the person reporting concerns: |

Full Name:

Post: Role:

 Do these concerns relate to a specific incident/disclosure? If YES complete Section A;

 If NO, omit section A and move straight to Section B

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| Section A: |

Date and time of incident/disclosure:

Location of incident/disclosure:

Date this form was completed:

Other persons present:

|  |
| --- |
| Section B: |

Details of concern/disclosure/incident:

(What was said, observed, reported)

Action taken:

(What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed: Date:

**For completion by the Designated Safeguarding Lead (DSL):**

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| DSL Response: |

Action taken by DSL:

Rationale for decision making/actions taken:

Outcome of action taken by DSL:

Follow up action by DSL:

Feedback given to person reporting the concerns:

Signed by DSL: Date:

Full Name:

Checklist for DSL:

✓Concern described in sufficient detail?

✓Distinguished between fact, opinion and hearsay?

✓Student’s own words used? (Swear words, insults or intimate vocabulary should be written down

 verbatim)

✓Jargon free?

✓Free from discrimination/stereotyping or assumptions?

✓Concern recorded and passed to DSL in a timely manner?