**Recording Form for Safeguarding Concerns**

Abbeydale team members, clinical coaches, employers, colleagues, visitors are required to complete this form and pass it to either Samantha Morgan or Kirsty Gwynne if they have a safeguarding concern about a apprentice at Abbeydale.

| **Information Required** | **Enter Information Here** |
| --- | --- |
| Full name of apprentice |  |
| Date of birth |  |
| Your name and position |  |
| Nature of concern/disclosure*Please include where you were when the apprentice made a disclosure, what you saw, who else was there, what did the apprentice say or do and what you said.* *[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]**[Make it clear if you have a raised a concern about a similar issue previously]* |  |
| Time & date of incident:  |  |
| Name and position of the person you passing this information to?  |  |
| Your Signature |  |
| Time and date form completed |  |
| Time form received by DSL |  |
| Action Taken by DSL |  |
| Referral made? [full details, date and time] |  |
| Parents Informed [yes/no, date and time] |  |
| Feedback given to person who recorded disclosure[yes/no, date and time] |  |
| Further Action Agreed |  |
| Full Name of DSL |  |
| Signature of DSL |  |
| Date of Signature |  |

**Body Map**



**Indicate clearly where the injury was seen and attach this to the referral form**