Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to a member of the management team if they have a safeguarding concern about a service user of Defiant Sports.

Information Required	Enter Information Here
Your name and position at Defiant Sports	
Your contact details	
Full name of service user/s at risk	
Service user(s)'s date of birth	
Name and position of the person the allegation is against	
Session the concern happened at	

Information Required	Enter Information Here
Nature of concern/disclosure *Please include where you were when the service user made a disclosure, what you saw, who else was there, what did the service user say or do and what you said.* *[Make it clear if you have a raised a concern about a similar issue previously]*	
Time, date & location of incident:	
Name and position of the person you are passing this information to	
Your Signature	
Time and date form completed	

The rest of this document is to be filled out by a Safeguarding Lead (Loretta Lock or Sussi Ationu). In the meantime, please ensure this form is given to a member of the management team who will store it safely in the locked cabinet and inform said lead/s.

Information Required	Enter Information Here
Time form received by Safeguarding Lead	
Action Taken by Safeguarding Lead	
Referral made to Children's Services [yes/no, date and time]	
Referral made to Adult Social Care [yes/no, date and time]	
Referral made to police [yes/no, date and time]	

Information Required	Enter Information Here
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Parents/carers Informed [yes/no, date and time]	
Feedback given to coach [yes/no, date and time]	
Feedback given to service user [yes/no, date and time]	
Feedback given to person who recorded disclosure [yes/no, date and time]	
Further Action Agreed	

Information Required	Enter Information Here
Full Name of Safeguarding Lead	
Signature of Safeguarding Lead	
Date of Signature	