



Safeguarding Report

Under 18 Vulnerable Adult

Learner/Pupil/Child Details:

Surname: Forenames:

Date of birth:

Residency status (please circle): Dickson House / Greenaway Lodge / Darley Lodge /
Carr Fenton Lodge / The Tower / Off site House /
The Bungalow / North Flat / Day

Communication (please circle): BSL / SSE / Speech

Does the individual have a diagnosed disability? Yes / No

If yes, what? (i.e. LD/ASD etc)

Other professionals known to be working with the individual and/or family (name, role and contact details):

Parents/Guardians Details:

Names:

Address:

Persons with Parental/Guardian Responsibility:

(if different from above)

Names:

Address:

Is the young person subject to a legal/protection plan (LAC/CIN/ CPP)? Yes / No

Current status:

Local Authority responsible for the young person:

Reason for referral:

Please give specific details of the concerns. If this referral is being made following a disclosure please ensure that the information provided is as described. If the information was disclosed to you through BSL please write the conversation in this format.

Any Additional concerns:

Referrer details:

Name:

Position/Role at the Trust:

Date and time of concern/disclosure:

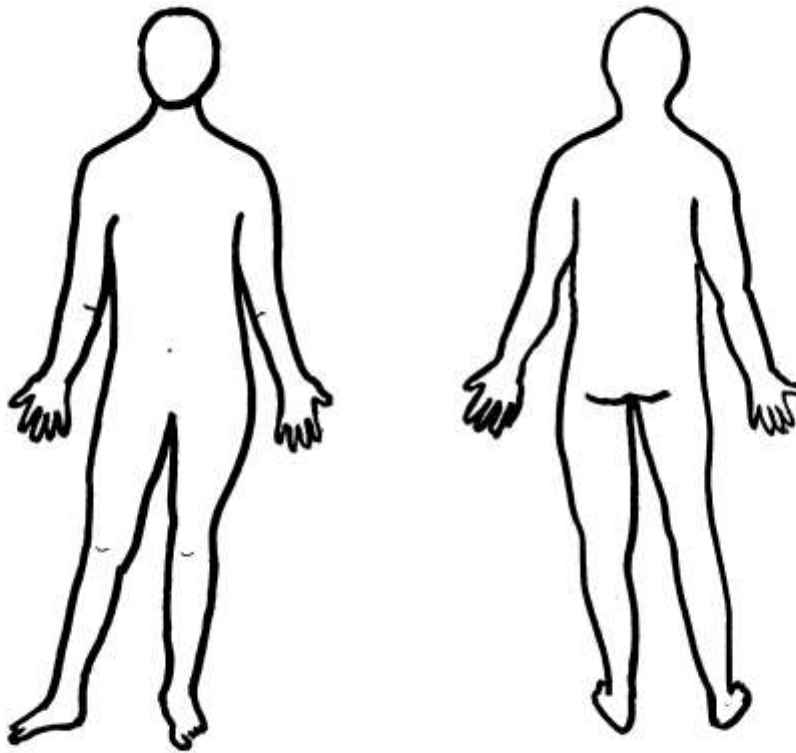
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Signature:

Today's date:

Date received by Safeguarding Coordinator:

Body Map



Brief Description of Injury:

Completed by :

Date : Time :