

Heroes Safeguarding Concern / Incident Report Form

This form is designed to record disclosures or suspicions of abuse. It should be completed by the worker/volunteer who has been disclosed to, who witnessed the incident, who was most directly involved or who provided first aid if relevant. Once completed it must be reported to the manager and stored as record in accordance with Heroes Centre LTD's policies.



Your name:	Your position:
Branch of Heroes Centre LTD e.g. Heroes Tuition, Heroes Childcare, Heroes Home Ed...	Contact phone number:
Details of child, young person or adult at risk:	
Name:	
Address/phone number:	
Date of birth:	
Other relevant details about the individual: <i>e.g. family circumstances, physical and mental health, any communication difficulties, your relationship to the individual...</i>	
Parent/guardian/carers details:	

Have parents/carers been notified of the incident?: Yes / No

Please justify why:

Details of the allegations/suspicious

Please select:

Are you recording:

- Disclosure made directly to you by the child?
- Disclosure or suspicions from a third party?
- Your suspicions or concerns?

Date and time of disclosure:

Date and time of incident:

Details of the allegation/suspicious.

*State **exactly** what you were told or observed and what was said. Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay. Please make it clear when you are using the individuals' own words.*

Other details:

Details of any previous concerns, incidents or relevant safeguarding records, witness account of incident or concern (please include witness details)

Outcome of incident & immediate actions taken
<p>Ambulance required? Yes/No</p> <p>Name of hospital / medical facility attended if applicable:</p> <p>Police/fire/rescue? Yes/No</p> <p>Notes:</p>
<p>Any resulting change of plans or disruption to the programme, if applicable:</p> <p>Disciplinary procedures enacted:</p> <p>Were any immediate changes to risk management procedures made?</p>
<p>Other:</p>

External Agency Referral		
Social Services Notified	LADO Notified	Other Referral Made
Date & time of referral:	Date & time of referral:	Agency:
Name of contact person:	Name of contact person:	Date & time of referral:
Contact number / email:	Contact number / email:	Name of contact person:
Agreed action or advice given:	Agreed action or advice given:	Contact number / email:
		Agreed action or advice given:

I _____ confirm that this form has been completed truthfully and to the best of my knowledge and ability.

Signed:	Date:
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For Office Use Only:

Reporting to the Manager:

I _____ confirm that I have read this report and taken appropriate action.

Signed:	Date:
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Follow-up action required:		
Action:	Due date:	Whom responsible: