

Safeguarding Reporting Template for those without access to In-Form

Restricted Information

This form should only be completed by those who do not have access to In-Form whenever an issue or concern has arisen that needs reporting regarding a child or adult.

TRY AND FILL FORM OUT AT THE TIME OF THE INCIDENT WHERE POSSIBLE.

| | |
|-----------------------------------------------------|--|
| Date | |
| Time | |
| Name of person reporting | |
| Position at akt | |
| Contact details of person reporting | |
| Child's details | |
| Name | |
| Address | |
| Date of birth | |
| Contact details (phone number/email address) | |
| Details of child's parents/carer/guardians | |
| Name/s | |
| Address | |

| | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Contact details (phone number/email address) | |
| Reason(s) for report including names and details where known What are you worried about? | |
| Details of Alleged perpetrator(s) | |
| Name | |
| Address | |
| Are they also known to akt? | |
| Action(s) taken by person reporting | |
| Is the child aware of your concerns and action taken? | |
| Who else has been informed of these issues? | |
| Report received by akt DSO/Deputy DSO/Safeguarding Lead | Name: Signed: Date: |
| Action(s) taken by akt safeguarding team | |

PLEASE ENSURE A COPY OF YOUR COMPLETED REPORT IS SENT TO THE DESIGNATED SAFEGUARDING OFFICER, DEPUTY DESIGNATED SAFEGUARDING OFFICER OR SAFEGUARDING LEAD (if you can't find their details you can email it to safeguarding@akt.org.uk).