|  |  |  |
| --- | --- | --- |
| **Student name:** | **Course:** | **Age:** |

|  |
| --- |
| **Person Reporting Concern:****Relationship to student:** tutor/ teacher/workshop/ welfare/ academic support/ SU/ parent/friend/other |

# Please specify details of concern

|  |  |  |
| --- | --- | --- |
| **Date:** | **Location:** | **Time:** |

# Description of concern (using student’s own words where possible)

|  |
| --- |
|  |

|  |
| --- |
| **Action taken by staff member reporting concern**  |
| Action Discussed with student YES/ NO |
| Action Discussed with member of staff YES/NO |
| Passed onto (name) |

# Actions Taken by Safeguarding Lead

|  |
| --- |
|  |
| Internal / external / monitoring/ referral made Feedback to staff bringing concerns (date) |

|  |  |
| --- | --- |
| **Signed:** | **Date:**  |