



**YOUTH  
WITHOUT  
LIMITS**

# Safeguarding Report form (including Child Protection)

APRIL 2024



<b>Status</b>	Final Version number: <b>1.1</b>	
<b>Approved by</b>	Safeguarding Board Date: <b>April 2024</b>	
<b>Last updated</b>	Date of this version: <b>April 2024</b>	
<b>Review by</b>	Date by when this must be reviewed and any updates made: <b>April 2025</b>	
<b>Owner</b>	Policy owner name and role: <b>Tom Ovenstone, Director Q &amp; C</b>	
<b>Document control</b> Printed copies of this policy are up-to-date only on the date of printing from the intranet and must not be relied upon beyond that date. The most up to date version of this policy can be found on the intranet.		
<b>Content</b> This document contains information as follows:		
Policy statements	Must be followed	<b>N/A</b>
Procedure	Must be followed	<b>Y</b>
Guidance	Recommended practice that should be followed	<b>N/A</b>



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## Safeguarding report form

To be completed as fully as possible if you have concerns regarding a child or adult.

**Please mark your email as 'Confidential' and send any referral forms securely using an encryption method.**

If it is safe to do so, it is important to let the child (their parent or carer) or the adult know about your concerns and that you have a duty to pass the information onto the designated safeguarding lead. The designated safeguarding lead will then look at the information and start to plan a course of action.

### Section 1 – Details of child or adult (you have concerns about)

Name of child or adult	
Address	
Date of Birth / Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	

### Section 2 – Details of the person completing this form / Your details

Name	
Contact phone number(s)	
Email address	
Line manager or alternative contact	
Name of Licensed Organisation, Approved Activity Provider or other organisation	
Your Role in organisation	



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**Section 3 – Details of concern**

Please explain why you are concerned. Please give details about what you have seen / been told / other that makes you believe the child or adult is at risk of harm or is being abused or neglected (include dates / times / evidence from records / photos etc.)

Date / Time	What happened

**Section 4 – Details of the person thought to be causing harm (if known)**

Name	
Address	
Date of Birth / Age	
Relationship / connection to child or adult	
Role in organisation	
Do they have contact with other children or adults at risk in another capacity? E.g. in their work / family / as a volunteer	



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**Section 5 – Discussing your concerns**

Have you discussed your concerns with the child or adult? What are their views and wishes? What have they stated about what they want to happen and what outcomes they want?

**Section 6 – Reasons for not discussing with the child (and parent / carer) or adult**

Discussion would put the child or adult or others at risk. Please explain:

**Adults only** Adult appears to lack mental capacity. Please explain:

Child or adult unable to communicate their views and not able to speak to parent / carer. Please explain:

**Section 7 – Risk to others**

Is anyone else at risk i.e., children or adults?    Yes            No            Not known

If yes please fill in another form for each person answering questions 1–6

**Section 8 – What action have you taken if any?**

Actions by club: e.g. person causing harm suspended, session times changed.



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**Section 9: Other agencies contacted**

Who contacted / reference number / contact details / advice gained / action being taken

Police

Ambulance

Other – please state who and why:

**Section 10: Contact with Welfare Officer others within the club**

Who else has been informed of this issue? What was the reason for information sharing?

Consultation with Designated Safeguarding Lead	Dates and times
Completed Form copied to Designated Safeguarding Lead	Dates and times
<b>Signed</b>	<b>Date</b>



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**DofE SAFEGUARDING TEAM USE ONLY**

**Section 11 – Sharing the concerns**

**To be completed by Designated Safeguarding Lead**

Details of your contact with the child (and parents / carers) or adult at risk of harm.

**Adults only:** Have they consented to information being shared outside of DofE?

Yes      No

Details of contact with the Local Authority Safeguarding Team / MASH where the child or adult at risk of harm lives – advice can be still sought without giving personal details if you do not have consent for a referral.

Details of any other agencies contacted

Details of the outcome of this concern