**Appendix 1**

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**PREVENT AND SAFEGUARDING NOTIFICATION FORM**

**Strictly Confidential**

This form is to be used by employees or volunteers to record any Prevent issues and safeguarding incidents, disclosures or suspicions of abuse or potential risk of harm relating to a child (under 18 years), young person or adult at risk.

The completed form should be sent to the **Safeguarding and Inclusion Administrator** immediately to the referrals e-mail: sburton@trans4mcic.com

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| **Division:** |  | **Name of person making this referral:** |  |
| **Job title of referrer:** |  | **Contact phone number**  |  |
| **Place of work of referrer:** | Trans4m | **Email of referrer:** |  |
| **Is this a safeguarding incident?** | [ ]  | **Is this a Prevent incident?** |  [ ]   |
| **The Learner’s details** |
| **Age group:** | **Child or young person** [ ]  **(under 18 years of age)** **Adult** [ ]  |
| **Name of learner/customer:** |   |
| **Learner/customer number (if applicable):** |  |
| **Address** |  |
| **Telephone number:** |  |
| **Date of birth:** |  | **Was interpreter: required?****arranged?** | Yes[ ] No [ ]  |
| **First preferred language:** |  |
| **Any specific needs:**(if no, then state ‘none’)  |  |

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| **Other relevant details about the person involved**Include family circumstances (e.g. substance misuse, domestic abuse, parental mental health issues, or any other factor which may impact on parenting), physical and mental health of the person concerned, any communication or learning difficulties they may have. |
| **Details of the allegation/suspicions/concerns** *State exactly what you were told/observed, the nature of any injuries and what was said. Use the person’s own words as much as possible* |
| **Is the person in danger of further abuse?** |  |
| **Is the person any risk to others?** |  |
| **Parent/guardian/carer’s contact details:** |  |
| **Relationship to person concerned:** |  |
| **Any siblings/children/dependents:****(Please provide information, if known)** |  |
| **Name** |  | **D.o.B.** |  | **Gender** |  |
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| **Name and address of GP if known:** |  |
| If the child, young person or adult at risk is in work-based learning or completing a work placement, please provide details of the employer: |
| **Name of Employer:** |  |
| **Contact details:** |  |
| **Details of the allegation/suspicions** |
| **Are you recording:**(*tick as appropriate)* | **A disclosure made directly** **to you by the learner?** [ ] **A disclosure or suspicions from a third party?** [ ] **Your suspicions or concerns?** [ ]  |
| **Date and time of disclosure:** |  |
| **Date and time of incident:** |  |
| **Are there any previous reports?** |  |
| **Date(s) of any previous reports** (if applicable) |  |
| **Is there a Risk Assessment in place for any learners involved in the disclosure?**  |[ ]
| **What is the risk?** |  |
| **Name of learner (if different to report name):** |  |
| **Date of risk assessment:** |  |
| **Risk status:** *(please tick as appropriate)* | Pregnant [ ] Has responsibility for children [ ] Current or recent suicide attempts [ ] History of self-harm/self-injury [ ] Self-neglect [ ] Threats or violence to others [ ] Misusing substances [ ] Currently receiving medication [ ] Mental health problems [ ] Other (*please state)* |
| **Action taken to date:****Was A & E attended?** | Referral to social services [ ]  Discussion with Inclusion Lead [ ]  Were police or other emergency [ ]  services involved? Were any other external agencies [ ] contacted? Name of agency/service contacted:Yes [ ]  No [ ]   |
| **Was first aid administered?** | Yes [ ]  No [ ]   |
| **Details of first aid administered:** |  |
| **Has the person concerned been informed and do they consent to the sharing of this information with other professionals/organisations:** | Yes [ ]  No [ ] Verbal [ ] Written [ ] (If written, please forward with report) |
| **Information shared with:***(please include contact details)* |  |
| **The person concerned is now:**(*describe current condition and whereabouts)* |  |

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

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| **Ethnicity** *(please tick as appropriate)* |
| **White*** Welsh / English / Scottish / Northern Irish / British [ ]
* Irish [ ]
* Gypsy or Irish Traveller [ ]

Any other White background, please describe  **Mixed / Multiple ethnic groups*** White and Black Caribbean [ ]
* White and Black African [ ]
* White and Asian [ ]

Any other Mixed / Multiple ethnic background, please describe**Asian / Asian British*** Indian [ ]
* Pakistani [ ]
* Bangladeshi [ ]
* Chinese [ ]

Any other Asian background, please describe**Black / African / Caribbean / Black British*** African [ ]
* Caribbean [ ]

Any other Black / African / Caribbean background, please describe**Other ethnic group*** Arab [ ]

Any other ethnic group, please describe |

**Please ensure this form is checked and any further action required is taken.**

**Please ensure this form is stored in a secure file and a copy has been forwarded to your safeguarding representative. Email this form to the Designated Safeguarding Officer:** **sburton@trans4mcic.com**