**PART 1: INITIAL NOTIFICATION FORM**

*For use by any staff member or volunteer*

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| --- | --- |
| **YOUR INFORMATION** | |
| Name |  |
| Project/Activity |  |
| Role |  |
| Phone Number |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL INFORMATION – CHILD/YOUNG PERSON** | | | |
| Name |  | | |
| Date of Birth |  | Gender |  |
| Is there any other information about the child that would be useful to consider? |  | | |

|  |  |  |
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| **CONTACT INFORMATION – PARENT/CARER** | | |
| Name(s) |  | |
| Address |  | |
| Contact Number(s) |  | |
| Email Address |  | |
| Have they been notified of this incident? | Yes | *Please give details of what was said and any actions agreed* |
| No | *Please explain why this decision has been taken* |

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| **INCIDENT DETAILS** | |
| Date & time of incident |  |
| Please tick one: | I am reporting my own concerns  I am responding to concerns raised by someone else (please complete their details below) |
| Name of person raising concern |  |
| Role within the organisation |  |
| Contact Number |  |
| Email Address |  |
| Details or the incident or concerns  *e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc.*  *Please include as much detail in this section as possible.*  *Attach additional sheets if necessary* |  |
| Child’s account of the incident |  |
| If there were any other witnesses to the concern or incident, please ask each person to complete the witness statement form (appendix 1) | |

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| **DETAILS OF PERSON INVOLVED/ALLEGED TO HAVE CAUSED INCIDENT OR INJURY** | |
| Name (and date of birth if a child) |  |
| Address |  |
| Contact Number(s) |  |
| Email Address |  |
| Role within GTM or relationship to child |  |
| Please provide details of action taken to date |  |

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| **ACTIONS TAKEN** | |
| Has the incident been reported to any external agencies | No  Yes  *If yes, please provide further details* |
| Name of organisation/agency |  |
| Contact Person |  |
| Contact Number(s) |  |
| Email Address |  |
| Agreed action or advice given |  |

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| Have you contacted GTM’s Safeguarding Coordinator or Lead? | No  Yes |
| Name of Safeguarding Person Contacted |  |
| Date Reported |  |

**PART 2: FOLLOW UP FORM**

*For use by the Safeguarding Coordinator/Lead*

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| **Information Received by SC/SL** | |
| Date & time |  |
| From whom |  |

|  |  |
| --- | --- |
| **Details of advice sought (if applicable)** | |
| Date & time |  |
| Organisation |  |
| Name |  |
| Details of advice received  *(please include details of advice relating to informing parents/carers if they have not already been informed)* |  |
| Initial Assessment of concern following advice |  |

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| **ACTIONS TAKEN** | | | |
| Parent/Carer Informed | Yes | Name of parent/carer spoken to: | Action taken by:  Date: Time: |
| No | Reason for decision: | Decision made by:  Date: Time: |
| Referral Completed | Organisation referred to: | | Action taken by:  Date: Time: |
| Signposting | Organisation/Service signposted to: | | Action taken by:  Date: Time |
| Any other relevant information |  | | |

**PART 3: ACTION LOG**

*For use by the Safeguarding Coordinator/Lead*

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| --- | --- | --- | --- | --- |
| **Action** | **Date** | **Outcome (if known)** | **Service currently involved** | **Ongoing support from GTM** |
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**PART 4: FINAL OUTCOME**

*For use by the Safeguarding Coordinator/Lead*

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| --- | --- |
| **Please give details of final outcome of investigation** |  |
| **Completed By** |  |
| **Date** |  |