**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 |  |

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| **PERSONAL INFORMATION – ADULT AT RISK** |
| Name |  |
| Date of Birth |  | Gender |  |
| Email Address |  | Phone Number |  |
| Details of the adult’s care and support needs |  |
| Does the adult have any language or communication difficulties?  |  |
| Does the adult have any known Mental Capacity issues? |  |

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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* |  |
| Adult at risk’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  |  |
| Address |  |
| Contact Number(s) |  |
| Email Address |  |
| Role within GTM or relationship to adult at risk |  |
| Please provide details of action taken to date  |  |

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| **DOES THE ADULT AT RISK KNOW THAT YOU ARE REPORTING A SAFEGUARDING CONCERN?**  |
| [ ]  Yes  | [ ]  No |
| If yes, what are their views? Please include whether they agreed with the report being made: | If no, please explain why you felt it was not appropriate to advise them that you were reporting the safeguarding concern:  |

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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 |  |
| 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 |  |

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| **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** |
| 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** |  |