

SAFEGUARDING FORM

In line with the safeguarding policies and reporting procedure, please fill out the attached form if you have concerns for the safety and/or welfare of a child or adult at risk.

If you would like support with this concern and how it has affected you, please contact the safeguarding team separately.

Contact the safeguarding lead if you need any support filling the form out, and send it to them at the secure email address: hannah@cambridgemathstuition.co.uk

Your Personal Details

This section should be completed with the details of the person filling out the form.

Name:

Job Title:

Email address:

Details of Concern

This section should be completed factually and to the best of your knowledge - do not include your own feelings or assumptions.

Date that you became aware of the concern:

Date that you are completing this form (should be same day):

Name of child or adult at risk:

Name of person causing concern and their relationship to the child or adult at risk. Leave blank if known of no person allegedly causing harm.:

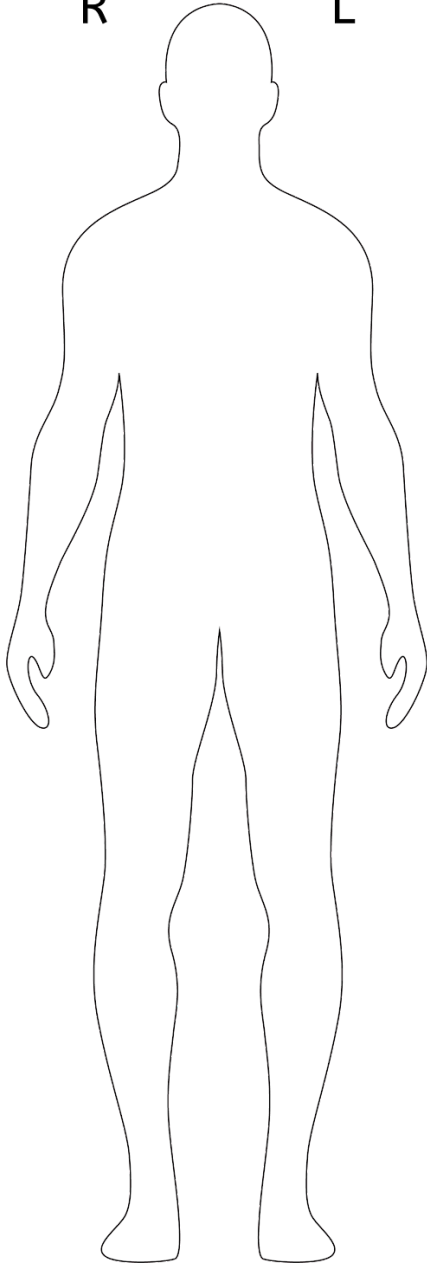
Date concern is alleged to have taken place. Leave blank if unknown or irrelevant.:

Place concern is alleged to have taken place. Leave blank if unknown or irrelevant.:

If there are visible marks or injuries on the person, please use the map below to circle these and describe what you can.

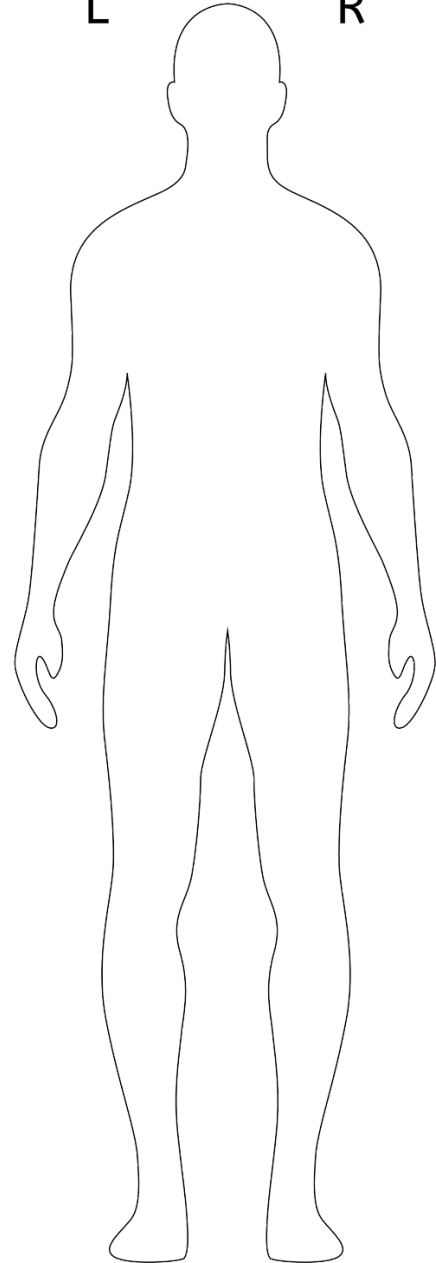
Front

R L



Back

L R



Have you already spoken to a member of the safeguarding team about this child or adult at risk? If so, please note who you have contacted and the date.

Is there anything else you wish to add about the concern?

By signing and dating this form, you are declaring that you have filled it out factually and to the best of your knowledge and ability. Can be printed if filling out digitally.

Name: _____

Signature: _____

Date: _____

For safeguarding team ONLY:

Please sign and date when the form has been received by the team.

Name: _____

Signature: _____

Date: _____