Appendix B: Form 1: Disclosure or Suspicion of Abuse

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| Name of Student & ID Number |  |
| Course attending |  |
| Telephone number of the student |  |
| Date and time of disclosure or incident that raised suspicion |  |
| Location of disclosure or incident that raised suspicion |  |
| Nature of disclosure or incident | Please include as much information as possible, using the continuation sheet if necessary. |
| Name & contact details of any witnesses |  |
| Action Taken |  |
| Date | Signed (student involved with the disclosure) |
| Date | Signed (person dealing with the disclosure) |

Please send to either:  Deputy Designated Safeguarding Lead, Designated Safeguarding Lead or Safeguarding Officer