Safeguarding Report Form

Most recent update: 18 November 2024

**PART 1**

**Details of service user this report applies to**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of birth |  | Contact telephone no. |  |
| Is the person disclosing/of concern below 18? | YES | NO |

**Details of staff member completing this form**

*NB Some safeguarding reports are based on disclosure but there are some where there is no disclosure but there are staff concerns. Please complete the following fields as appropriate*

|  |  |
| --- | --- |
| Organisation |  |
| Service User Disclosure | YES | NO | Staff concern | YES | NO |
| Member of staff to whom disclosure was made |  | Job role |  |
| Organisational Designated Safeguarding lead (if different from above) |  | Date of disclosure |  |
| Nature of disclosure/concern: |
|  |
| Date of submission to the CW&C Designated Safeguarding Lead |  |

**Details of any support actions agreed with the service user (if any)**

|  |
| --- |
| Actions taken: |
|  |

|  |
| --- |
| **PREVENT Duty** |
| We also have a duty to protect our learners and customers from any form of extremism and/or intent to cause harm or capability to cause harm. This includes:* Right wing extremism
* Religious extremism
* Animal rights extremism
* Other forms of extremism

In your opinion, do you think the information submitted in this report comes under our Prevent Duty? *This is just your opinion to help our Designated Safeguarding Lead access appropriate support/advice.* |
| Yes |  | No |  | Not sure |  |

Once you have completed the information above, submit the report to:

**Matthew Smith** Designated Safeguarding Lead for Skills and Employment provision

Email matthew.smith@cheshirewest.gov.uk

Telephone 07990 532840

**Ben Watts** Deputy Safeguarding Lead for Skills and Employment provision

Email benjamin.watts@cheshirewest.gov.uk

Telephone 07881 500226

**Jodie Ronan** Deputy Safeguarding Lead for Skills and Employment provision

Email jodie.ronan@cheshirewest.gov.uk

Telephone 07768 558858

**PART 2**

Safeguarding report

**To be completed by the Council’s Designated Safeguarding Lead (DSL)**

|  |  |
| --- | --- |
| Name of DSL: |  |
| Date Received by DSL: |  |

|  |  |  |
| --- | --- | --- |
| Agreement with first response actions taken:  | YES | NO |
| Further actions to be taken: |
| Action | By Whom | Complete |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Review date  |  | Diarised 🗸 |  |
| Review notes: |
|  |

(*copy and paste additional review dates and notes if required*)

**I confirm that following review(s), there are no further actions to be taken on this case:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |  | Date case closed |  |

|  |  |
| --- | --- |
| *Report quality sampled by Disclosure QA Officer*  |  |
| *Approved* |  | *Date* |  |