

Safeguarding Report Form

Most recent update: 17 May 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 C						









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

Actions taken:			
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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 res	YES	S NO				
Further actions to be tak	ken:					
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 close	ed			
Report quality sampled by Disclosure QA Officer						
Approved		Date				





