

| **SAFEGUARDING DISCLOSURE FORM**  **CHILD PROTECTION/SAFEGUARDING INCLUDING PREVENT**  Young People and Vulnerable Adults  *This form should be passed to the Safeguarding office as soon as you hear about the concern and on the same day.*  *Safeguarding at Petroc is everybody’s responsibility* | | | | |
| --- | --- | --- | --- | --- |
| Date of disclosure |  | Time of disclosure | |  |
| Discloser *(Learner)* | Name: | | | |
| Date of birth of discloser |  | Gender | |  |
| Details of any siblings if under the age of 18 | |  | | |
| Disclosed to  *(your name)* | Name: | | | |
| Witnessed by | Name: | | | |
| Location of disclosure | *(exact venue i.e. room no. or exact location if off site)* | | | |
| Details of information disclosed *(in the learners words)*  Must include:   * Location, date and time of alleged abuse. * Nature of abuse   *(physical, sexual, neglect or*  *emotional)*   * Description of any injuries |  | | | |
| Disclosers wishes and/or expectations as a result of this referral |  | | | |
| Signed (referrer if possible)………………………………………………………………………. | | | Date:……………………………………………… | |