

| **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* |
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| 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:……………………………………………… |