

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 a	age of 18		
Disclosed to	Name:		
(your 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: