**Young Person Safeguarding Report**

**Report Type: Concern / Incident / Other**

**Details of Child**

|  |
| --- |
| **Name:** |
| Age | DOB | Address | Group |
| **Name(s) Parent(s) or Carer(s)** |
| Do they live at the same address as the child? (If not insert address) |

**Any other students involved?:** …………………………………………………………………………………………………………

**Details of Volunteer:** ………………………………………………………….

**Any Other Volunteers Involved?:** ……………………………………………………………………………………………………

**Description of Event**

* Include date and time of incident/concern
* Description of any injuries observed (if applicable)
* Whether you are reporting concerns raised by yourself or reported by someone else
* If the concerns were reported by someone else, provide their name, position within BVL and date they spoke to you

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Action Taken:**

Include:

* The child’s view on sharing the information with agencies or their parent(s) or carer(s)?
* Whether the incident or concern was discussed with the parent(s) or carer(s)? If not, why not?
* Whether there are any previous incidents or concerns regarding this child
* Whether the incident or concern was discussed wtih the Designated Safeguarding Officer or Deputy Designated Safeguarding Officer
* Whether statutory child protection authorities have been informed; include date and person spoken to

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….........................

**Response from statutory agencies (if applicable):**

**.......................................................................................................................................................**

**........................................................................................................................................................**

**.........................................................................................................................................................**

**Further Action needed:**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed: Dated:

Signed by Safeguarding Officer: