

Safeguarding Green Form

(NB All concerns must be recorded but a Designated Safeguarding Lead must be informed immediately about all disclosures by a child of abuse and any situation where a child may be at immediate risk of harm at the end of their school day – this form should then be filled in and passed to the DSL as soon as possible after the DSL has been informed)

Student Name:	Date of Birth:	Grade:
Date:	Time (of writing this record):	
Name of person completing this form (please print):		
Job Title:		
Signature:		
Reason(s) for recording the incident/concern (headline):		
<p>Record the following factually: <u>When</u> (date & time of incident or concern arising)? <u>Where</u> did your concerns arise? <u>Who else</u> - were any other children or staff present? <u>What</u> exactly did you see/hear/smell that raised your concern? N.B. Please record any direct disclosures/statements/comments using the child or adult's exact words in quotation marks.</p>		
<p>Professional opinion: Your professional opinions, impression`s and worries are important. (e.g. something you have noticed, feel or suspect).</p>		



Action taken, including names of everyone spoken to about the incident/concern:

Name of Designated Safeguarding Lead this form was passed to:

Please check to make sure your report is clear; and will be clear to someone else reading it

To be completed by Designated Safeguarding Lead:

<p>Time & date information received by DSL and from whom</p>	
<p>Any advice sought by DSL (date, time, name, role, organisation & advice given)</p>	
<p>DSL's analysis of presenting issues/concerns and advice received</p>	
<p>Action taken . Note time/date/names/ who information shared with and when etc.</p>	
<p>Outcome (include names of individuals who have given you information regarding outcome of any referral (if made))</p>	
<p>Parents informed Yes/no – reasons if no</p>	



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Where can additional information regarding child/ incident be found? (e.g. pupil file, serious incident book)	
Signed	
Printed Name	
Date	

Date/time/how member of staff submitting this form received feedback about action taken from DSL (please circle below as appropriate)	Date:	Time:			
	<table border="1"> <tr> <td>Face to face</td> <td>Phone call</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Face to face	Phone call		
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