



Safeguarding Concern Form

Please complete this form as soon as possible, preferably within 24 hours.

If a child or vulnerable adult is in immediate danger, please phone 999.

Please send the completed form marked as '**PRIVATE AND CONFIDENTIAL**' to the designated Safeguarding Officer: Lucinda Terry, Acting Manager - admin@getmeout.org.uk

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Your details

Full Name	
Contact Email address	
Contact Phone Number	
Do you know the person at risk?	

Person at risk's details

Please fill in any information that you have access to about the child/vulnerable adult.

Name of person at risk	
Gender	
DOB/Age (if known)	
Contact telephone number	
Email address	

Address	
If under the age of 18, please record the details of person with parental responsibility	
Parent's name	
Parent's Contact number	
Parent's Email address	

3. Details of your concern

Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record details.

What has prompted the concerns? Include dates and times of any specific incidents.

Has the person been spoken to? If so, record details

Has anybody been alleged to be the abuser? If so, record details.

Who has this been passed on to, in order that appropriate action is taken?

Is there anyone else who could be at risk due to your current concerns such as a child or another vulnerable adult at risk:

Has anyone else been consulted? If so, record details.

4. Are there any other services involved with the person at risk?

This may include people such as their GP, professionals, other agencies.

If possible, please include Name, Job title/Organisation, Address, and a contact telephone number.

5. Declaration

Does the person at risk agree to you making the referral to us?

Yes		No	
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If no, why did you feel it was not appropriate to advise the person that you were making a referral to us.
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I confirm that the above information is supplied to the best of my knowledge.

Signed.....

Date complete.....