# DKHT Safeguarding Reporting Form

This form is used for reporting internally any suspicions and disclosures of possible abuse, concerns for participants welfare and any issues regarding poor practice. Please complete with as much information as possible. This information will be treated in confidence, and only shared with the Local Delivery Partner and with appropriate agencies.

When completing this template please keep the following in mind:

* Write in third person
* Write the exact words that young person used
* It is ok to take notes during a disclosure

***DAME KELLY HOLMES TRUST Reporter Details***

|  |  |
| --- | --- |
| ***Name*** |  |
| ***Contact details*** |  |
| ***Date/time of report*** |  |

**Subject(s) Details**

|  |  |
| --- | --- |
| Name, gender, date of birth of subject |  |
| Current Address |  |
| Postcode |  |
| Telephone numberMobile number |  |
| Does subject have a disability?If yes, please give details | Yes No |
| Families First language |  |
| Any communication barriers that need to be considered?If yes, please give details |  |

**Details about the concern**

|  |  |
| --- | --- |
| What is the nature of your concern?  |  |
| When did the incident happen? (incl. date & times) |  |
| About the incident/concern (include as much additional information as possible): Any known details of alleged abuser if appropriate; name, address, relationship to subject |  |
| Any immediate action taken? (what action, have you or the Local Delivery Partner taken regarding this concern; e.g. called police, referred to Social Care Services) |  |

|  |  |
| --- | --- |
| Has there been any other concerns leading to this referral? (Please give as much factual background information as possible) |  |
| Is the subject of concern already known to Social Care?e.g. in care, on a Child Protection Plan |  |

**Local Delivery Partner Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Contact Number | Name of LP designated safeguarding person |
| What action is the LP taking |
| What do you expect to happen next? |  |

**Remember; do not discuss this with friends or colleagues. Speak to your Designated Safeguarding Officer urgently, they will initiate appropriate action and guide you through the process.**

|  |  |
| --- | --- |
| Action taken by Dame Kelly Holmes Trust member of staff:  | Date: |
| Name of Dame Kelly Holmes Trust member completing this form: Contact details: | Date: |
| Signed by Designated Safeguarding Officer on duty:Contact details: | Date: |

**Three copies must be retained:**

* **Copy 1 – is held by the DSO**
* **Copy 2 – is held by the person responsible for HR, if the concern relates to a member of Dame Kelly Holmes Trust staff.**
* **Copy 3 – is given to the Children’s Social Care Services/police, if you receive a disclosure or you have concerns about the welfare of a child**.

**Body Map:**

Please indicate position on body of marks or injuries, note any colour of any injury, whether skin is broken or anything else of relevance.

