# **Safeguarding Coordinator’s**

# **Disclosure Reporting Form**

## This form is for use by the Safeguarding Coordinator.

This form is confidential

**Note:** Disclosures of abuse should be recorded as close to the time of the incident as possible. Please include as much detail as possible and record all information concisely. Record the disclosure verbatim. Do not try to interpret.

|  |  |  |
| --- | --- | --- |
| Event/premises: | | |
| Role at event/premises: | | |
| Contact details:  Address  Telephone number(s)  e-mail |  | |
| 1. Details of incident: | | |
|  | | |
| 2. Action taken (if no action was taken, state reasons)  **Follow the advice of the CCPAS.**  If you did not contact them, state which organisation(s) you approached for advice. | | |
|  | | |
| 3. To whom did you report the incident? (give names and contact details): | | |
| a) Outside agencies – for the protection of the person | | |
|  | | |
| 3. To whom did you report the incident? (give names and contact details): | | |
| b) Parents/guardians. **You should only contact parents/guardians if the advice you receive indicates that you should do so.** | | |
|  | | |
| c) Other – state within or outside the organisation | | |
|  | | |
| d) The Responsible person for the event or property | | |
|  | | |
| *Details of the Responsible person should be readily available at the event or on the premises.* | | |
| 4. Any other relevant information: | | |
|  | | |
| 5. Outstanding tasks, who responsible and timescale: | | |
|  | | |
| Signed: | | |
| Date: | | Time: |

This form should be stored in a secure place. All notes made at the time should be kept with this form.

This form together with the Initial Disclosure Reporting Form, should be passed on to the Area Meeting Safeguarding Co-ordinator