**ANNEX D - Safeguarding Reporting Form**

**NOTES:**Reporting Officer should ensure that the form captures all information required and supply explanations, name witnesses and submit any evidence as this may be used for future reference in investigations.

Please note that the nature of the issue raised or being reported may require urgent action or further investigation in line with our GSLA Safeguarding Policy. This may also contribute and be an integral part of responding to & learning from incidents and concerns

**Safeguarding incident or concern:**

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| **This form is designed to report any safeguarding incidents or concerns. It should be completed by the GSLA Employee/Volunteer/Service User or an Associations Wellbeing/Welfare Officer who has been informed of the concern, who witnessed the incident, was most directly involved with the incident or who provided first aid if relevant. Once completed it must be submitted as per the GSLA’s reporting protocols to email at** [**safeguarding@gsla.gi**](mailto:safeguarding@gsla.gi) |  | **REFERENCE NUMBER**  (Office Use Only ) |

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| **Name:** | **Role of Person Completing the Form:** | |
| **Contact number :** | **Email:** | |
| **Association Name/GSLA Programme Name:** | | **Date form is completed:** |

**Details of child, young person or adult at risk:**

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| **Name:** | **Address:** |
| **Contact number:** | **Gender:** |
| **Date of birth:** | **Any further information that may be useful to consider:** |
| **Association Affiliated to:** | **Where they accompanied: Yes/No**  **If Yes by whom:** |

**Parents/carers details:**

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| **Name:** | **Address:** |
| **Contact number:** | **Email address:** |
| **Was the Parent/Carer present at incident:**  **Yes/No**  **Have parents/carers been notified of the incident?:**  **Yes / No** | **If yes, please provide details:** |

**Details of reporter:**

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| **Are you reporting your own concerns or responding to concerns raised by someone else?**  **Please tick as appropriate** | **Reporting my own concerns** |  |
| **Responding to someone else’s concerns** |  |
| **If responding to someone else’s concerns, please provide their details below:** | | |
| **Name:** | | |
| **Relationship to child, young person or adult at risk:** | | |
| **Email address:** | | |
| **Contact number:** | | |
| **Names of Witnesses (If any):** | | |

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| **Alleged Victim Information:** | | | | | | |  | | | | | |
| **Name** | |  | | | | |  | | | | | |
| **Date of Birth**  **(if available)** | |  | | | | |  | | | | | |
| **Address**  **(if available)** | |  | | | | |  | | | | | |
| **Gender** | | **Male** | | | | | **Female** | | | | | |
| **Ethnic Origin: (please tick)** | | | | | | |  | | | | | |
| **White British** |  | | | **White (other)** | | |  | **African** | |  | | |
| **Caribbean** |  | | | **Indian** | | |  | **Pakistani** | |  | | |
| **Chinese** |  | | | **Other (please specify)** | | |  | | | | | |
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| **Service User Group : (please tick)** | | | | | | |  | | | | | |
| **Older person** |  | | | **Learning Disability** | | |  | | **Mental ill health** |  | | |
| **Physical Disability** |  | | | **Other (please specify)** | | |  | | | | | |
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| **Nature of Alleged Abuse / Concern** | | | | | | |  | | | | | |
| **Physical** |  | | | | **Psychological** | |  | | **Sexual** | |  | |
| **Neglect** |  | | | | **Financial/material** | |  | | **Discriminatory** | |  | |
| **Please give details (including date(s) and time(s) where possible)** | | | | | | | | |  | | | |
| **Location of alleged abuse (please tick)** | | | | | | | | |  | | | |
| **Alleged Victims Home** | | |  | | | **Care Home** |  | | **Club** | | |  |
| **Alleged Offenders Home** | | |  | | | **Education Placement** |  | | **Public Place** | | |  |
| **Other (please specify)** | | |  | | | | | |  | | | |

**Incident Details:**

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| **Date/ Time:** | | **Association/Coach/Leader name (if applicable):** |
| **Location of incident:** | | |
| **Description of the incident or concern: (continue on separate sheet if necessary and attach):**  ***(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)*** | | |
| **Details of any previous concerns, incidents or relevant safeguarding records you may be aware of :** | | |
| **Child, young person or adult at risk account of the incident or concern: *(use their own words, how did they approach and describe the incident to you)*** | | |
| **Please include Witnesses of the incident or concern:*(include further accounts/statements on separate sheets as necessary.)*** | | |
| **Details of any witnesses, please also state if they are below the age of 18:** | | |
| **Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*** | **Relationship to child, young person or adult at risk:** | **Contact details:** |
| **Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:** | | |
| **Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*** | **Relationship to child, young person or adult at risk:** | **Contact details:** |
| **Outcome of incident & immediate actions taken: (tick box where relevant)** | | |
| * **Ambulance required?**   **Yes/No**     * **Taken to Hospital:**   **Yes/No**   * **RGP/GFRS Attended?**   **Yes/No**    **Name of Officers:**  **Notes:** | **First aid treatment provided:**  **Yes/No**  **By whom:**  **Name:**  **Occupation:** | **Medication given:**  **Yes/No**  **What Type:** |
| **Any resulting change of plans or disruption to the programme, Please state:** | **Disciplinary procedures enacted:**  **Yes/No**  **GSLA Expulsion and Banning Policy enacted:**  **Yes/No** | **Were any immediate changes to risk management procedures made?** |

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| **Signed By Reporting Officer :** | **Name:** | **Date:** |

**Reporting to the Designated Safeguarding Lead (DSL) section: *(to be completed by DSL)***

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| **Date & time DSL notified of incident/concern:** | | |
| **Date & time this form passed on to DSL (if different from above):** | | |
| **DSL comments: *(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required):*** | | |
| **External agency referral: (tick box where relevant)** | | |
| **Care Agency notified**    **Date & time of referral:**      **Name of contact person:**      **Contact number / email:**      **Agreed action or advice given:** | **Royal Gibraltar Police notified**    **Date & time of referral:**      **Name of contact person:**      **Contact number / email:**      **Agreed action or advice given:** | **Other referral made**    **Agency/Associations:**      **Date & time of referral:**      **Name of contact person:**      **Contact number / email:**      **Agreed action or advice given:** |

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| **Signed By DSL:** | **Name:** | **Date:** |

**For GSLA Safeguarding Team Office Use Only:**

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| Follow-up action required: | | |
| Action: | Due date: | Whom responsible: |
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