

Reference Number:



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## Safeguarding Reporting Form

This form should be used to record safeguarding concerns relating to any learner or staff member. In an emergency, please do not delay in informing the police or social services. All the information must be treated as confidential and reported to the Designated Safeguarding Officer within one working day.

The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

### 1 Your Details – The person completing the form

Name	<input type="text"/>		
Position	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Incident Date	<input type="text"/>		

### 2 Details of the person affected

Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>

### 3 Details of the incident (Please describe in detail using only the facts)

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*Please attach a continuation sheet if necessary*

**4** Other present or potential witnesses

Name

Address

Telephone

Email

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**5** Additional relevant information (Please detail anything else that you believe to be helpful or important)

I confirm that I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.

Name

Signature

Job Title  Date

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Section 6 to be completed by **Designated Safeguarding officer only**:

6 Final decision / Outcome

Designated Safeguarding officer details:

Name

Signature

Date

Closed

Remains Open

Reason it remains open if applicable:

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