

Last reviewed	March 2024
Next Review Date	March 2025

**SAFEGUARDING AND WELFARE POLICY**

**APPENDIX 1**

**1. Safeguarding Procedures Record/Referral Form**

Please complete as many sections as possible

Name of student		Age & DOB	
Ethnicity (if applicable)		Student Number	
Any disability?		International? Visa?	
Parent/Carer's details if known)			
Responsible Adult's details			
Addresses Permanent/ Correspondence			Telephone number(s)
Are you reporting your own concerns or passing on those of someone else?			
Description of what has prompted concerns (please include details of any specific incidents, dates, times, etc.)			
Please describe any physical or behavioural indicators which have been observed			

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Have you or anyone else spoken with the student, and if so, what was discussed?

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Have you or anyone else spoken with anyone other than the student, e.g., next of kin?

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What actions have you taken/do you propose to take? Please explain the reasons for your decision.

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Name and role of person to who concern was reported (if applicable)		Date & Time	
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Your name and role			
Your location and contact details			
Signature		Date	