

ANNEX B: MALVERN HILLS DISTRICT & WYCHAVON DISTRICT COUNCILS DISCLOSURE FORM

Please complete as much of the following as possible. The completed form should be sent to the Named Safeguarding Officer. This should be, no later than at the end of the working day in question

DETAILS OF THE CHILD/ ADULT			
Name of Child / Adult			
Gender		Date of Birth/Age (if known)	
Parent/Carers Name(s)	(leave blank if your concern is about a adult who does not have a carer)		
Home address	(if known)		

YOUR DETAILS	
Your Name	
Your Position	
Date and Time of Incident	

DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM/ LIKELY CAUSE HARM TO A CHILD/ ADULT (if known)			
Name			
Gender		Date of Birth/Age (if known, relationship to victim)	
Parent/Carers Name(s)	(if the person harming/likely to harm to a child/ adult is under 18 years old)		
Home address	(if known)		

REPORT	
Are you reporting your own concerns or those raised by someone else	My own concerns <input type="checkbox"/> Concerns raised by someone else <input type="checkbox"/>
If reporting concerns raised by someone else, please provide their name(s) and position(s):	
Name	
Position	

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Date and Time of Disclosure (If different)	
DETAILS OF THE SAFEGUARDING CONCERN/DISCLOSURE, INCLUDING TIMES, DATES AND OTHER RELEVANT INFORMATION. (The information should be as objective as possible, including direct quotes and reasons why you thought and responded as you did):	
Details of any witnesses to the incident(s)	
Have you spoken to anyone else regarding the concern/disclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
REMEMBER: YOU SHOULD NOT CONDUCT AN INVESTIGATION. YOU SHOULD NOT CONTACT THE PARENT/CARER IF DOING SO MAY PUT A CHILD/ ADULT AT FURTHER RISK OF HARM.	

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If yes, please provide details of who, what was said, when and what their response was			
FURTHER ACTION TAKEN			
Have you informed any of the following?			
Police	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Emergency Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Line Manager/ Head of Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please specify)	
If yes, please specify:			
Your Signature		Date	

REMEMBER TO MAINTAIN CONFIDENTIALITY. DO NOT DISCUSS WITH ANYONE OTHER THAN THOSE WHO NEED TO KNOW

The completed form should be sent to the Named Safeguarding Officer, this should be, no later than at the end of the working day in question:-

Amanda Smith – Named Safeguarding Officer

Community Services Manager

T: 01684 862469 M: 07725 058579

E: amanda.smith@malvern hills.gov.uk

In absence of Named Safeguarding Officer, contact any of the following Safeguarding Support Officers:-

<p>Jem Teal</p> <p>Community Development Manager</p> <p>T: 01386 565235</p> <p>M: 07977 493488</p> <p>E: jem.teal@wychavon.gov.uk</p>	<p>Elaine Salter</p> <p>Joint Housing Services Manager</p> <p>T: 01386 565241</p> <p>M:</p> <p>E: elaine.salter@wychavon.gov.uk</p>	<p>Rob Rich</p> <p>Community Safety & Resilience Manager</p> <p>T: 01684 862290</p> <p>M:</p> <p>E: rob.rich@malvern hills.gov.uk</p>
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Named Safeguarding Officer Use Only

ADDITIONAL INFORMATION RELEVANT TO THE SAFEGUARDING CONCERN/DISCLOSURE			
Date received and acknowledged			
Internal action taken and reason(s)		Date	
Date forwarded onto LADO/Police/Social Care			
Correspondence from LADO/Police/Social Care		Date	
Date case closed/on hold			
Named Safeguarding Officer's Name			
Named Safeguarding Officer's Signature		Date	