**Appendix 5**

**Incident Report Form**

## **ST CATHARINE’S COLLEGE**

## **SAFEGUARDING POLICY – INCIDENT REPORT FORM**

|  |  |
| --- | --- |
| Today’s date and time: |  |
| Your name: |  |
| Your position: |  |
| Your email address and telephone number: |  |
| Full name of child/adult at risk potentially harmed: |  |
| Name, address and contact details of child’s/adult at risk’s emergency contact: |  |
| Date of Birth: |  |
| Gender: |  |
|  |  |
| Date and time of incident: |  |
| Date and time incident, allegation or suspicion coming to your attention: |  |
| Please provide details of exactly what you have been told and by whom, and/or what you have observed (e.g. who, what happened, when and where).  Include details of whether you are reporting your own concerns or passing on those of somebody else.  Continue on separate sheet if necessary. |  |
| Any action taken so far:  If you have spoken with anyone (other than as already detailed on this form) about this incident/suspicion/allegation, please include details.  **Please remember this is confidential information and should only be shared on a need to know basis.** |  |
| Signed: |  |

**To be completed by the Safeguarding Officer:**

|  |  |
| --- | --- |
| Today’s date and time: |  |
| Received by:  *(Designated Person for Safeguarding)* |  |
| Initial action taken by Designated Person: |  |
| Has the parent/guardian been informed of the concern: | YES/NO |
| If YES, please state name of parent/guardian: |  |
| If YES, please state who informed the parent/guardian, action taken and outcome: |  |
| If NO, please state the reason why not: |  |
| Has the decision been made to refer the concern to an external agency? | YES/NO |
| If YES, please provide name and contact details of agency: |  |
| If NO, please provide reason why not: |  |
| Details from any further action taken or relevant information- this may include feedback, follow up calls, etc. (a separate sheet can be used if required): |  |
| Signature of Designated Person for Safeguarding |  |
| **Please ensure a record of this form is added to the person’s college records** | |