

Safeguarding Form

Your information:

Full name of person raising concern:

Are you a:

Staff Member

Volunteer

Trustee

Amgueddfa
Cymru
Producer
(ACP)

Freelancer

Contact number:

Location and time:

Date and time of incident:

Location of incident:

Date and time form completed:

Details of child or adult at risk:

Name:

Age:

Address:

Contact number:

Any other important information about the person at risk (e.g. specific vulnerability, information relating to disability etc.)

Details of incident and / or disclosure:

Record details of what was said, using exact words if possible or what was observed:

What are your concerns? (noting the type of abuse, if appropriate):

Was anyone else present (if so, please provide contact details for them if possible):

Any further information:

To be completed by Team Safeguarding lead (TSL)

Date and time of discussion with TSL:

Action taken: