

# Safeguarding Record of Concern

- 1 Today's date
- 2 Name of person completing this form
- 3 What is your mobile phone number
- 4 Name of learner at risk
- 5 Male or female
- 6 Learner's mobile number
- 7 Learner's academy/salon
- 8 Name of safeguarding lead
- 9 Safeguarding lead mobile number

10 Type of incident or concern – please tick each that applies

- |  |   |  |   |
|--|---|--|---|
| Family issues <input type="checkbox"/>         | Money worries <input type="checkbox"/>  | Health issues <input type="checkbox"/>   | Self harm <input type="checkbox"/>        |
| Drug or alcohol abuse <input type="checkbox"/> | Depression <input type="checkbox"/>     | Homelessness <input type="checkbox"/>    | Financial abuse <input type="checkbox"/>  |
| Work-based abuse <input type="checkbox"/>      | On-line abuse <input type="checkbox"/>  | Neglect <input type="checkbox"/>         | Psychological <input type="checkbox"/>    |
| Bullying / harassment <input type="checkbox"/> | Discrimination <input type="checkbox"/> | Physical abuse <input type="checkbox"/>  | Gang or violence <input type="checkbox"/> |
| Radicalisation <input type="checkbox"/>        | Sexual abuse <input type="checkbox"/>   | Risk of suicide <input type="checkbox"/> | Other <input type="checkbox"/>            |

If other – please state: \_\_\_\_\_

11 Are any other services involved – please tick each that applies

- Police  Social services  GP or hospital  None

12 Details of concern / incident / interview / report

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13 In order to help us monitor the effectiveness of our Equal Opportunity Policy, please tick one of the following:

- Asian Indian  Asian Pakistan  Asian Bangladeshi  Asian Other  Mixed Asian   
 Black African  Black Caribbean  Mixed African  Black Other  Mixed Caribbean   
 Chinese  Mixed Other  White Irish  White Other  White British

14 Are you aware of the learner having any disabilities, learning difficulties or medical conditions, for example dyslexia, epilepsy, mental health difficulties, Asperger's, ADHD. Yes  No

If Yes, please give details: \_\_\_\_\_

15 Name of the learner's next of kin, or the main person involved in their life

16 What is their relationship to the learner?

17 What is their phone number, if known?

18 Action taken to date - to be completed by Head of Centre or Safeguarding Lead

**Important - Responding to disclosure, suspicions and allegations**

If a learner under the age of 18 or any other vulnerable learner indicates that he or she is being abused, or information is given that points to a concern or suspicion of abuse to a learner under the age of 18 or any other vulnerable learner, immediate action must be taken and all allegations documented at the earliest opportunity using this ROC form.

The person receiving information concerning abuse should:

- React calmly and re-assure the learner that they are right to report the incident / incidents
- Keep discussions to a minimum to ensure a clear understanding of what has been said
- Use open-ended questions, those that require more than a 'yes' or 'no' response
- Do not 'lead' the learner or suggest words or ideas – let them explain what has occurred
- Do not make promises of confidentiality which might not be possible to keep
- Make a full record of what has been said, heard or seen using this document

Please send this without delay to:

Melissa Birch, Safeguarding Lead  
 Cheynes Training, 15 Hope Street  
 Edinburgh, EH2 4EL

Tel: 07958 284266

[safeguarding@cheynestraining.com](mailto:safeguarding@cheynestraining.com)