**Safeguarding Report**

**2021-2022**

***Details of service user this report applies to***

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  | **Contact Tel No:** |  |
| **Is the person disclosing/of concern below 18 years of age:** |  **Yes/No** |

***Details of staff member completing this form***

*NB Some safeguarding reports are based on disclosure but there are some where there is no disclosure but there are staff concerns. Please complete the following fields as appropriate*

|  |  |
| --- | --- |
| **Organisation:** |  |
| **Service User Disclosure:** | **Yes/No**  | **Staff Concern:** | **Yes/No** |
| **Member of staff to whom disclosure was made:** |  | **Job Role:** |  |
| **Organisational Designated Safeguarding lead (if different from above):** |  |
| **Date of disclosure:** |  |
| **Nature of Disclosure/Concern:** |
|  |
| **Date of submission to the CW&C Designated Safeguarding Lead:** |  |

***Details of any support actions agreed with the service user (if any):***

|  |
| --- |
| **Actions taken:** |
|  |

**Prevent Duty**

|  |
| --- |
| We also have a duty to protect our learners and customers from any form of extremism and/or intent to cause harm or capability to cause harm. This includes:* Right wing extremism
* Religious extremism
* Animal rights extremism
* Other forms of extremism

In your opinion\*, do you think the information submitted in this report comes under our Prevent Duty?**Yes No Not Sure** *\*This is just your opinion to help our Designated Safeguarding Lead access appropriate support/advice.* |

**Submit the report at this point to:**

**Matthew Smith –** matthew.smith@cheshirewestandchester.gov.uk **or Tel: 07990 532840 - Designated Safeguarding Lead for Skills & Employment provision**

**Part 2 – Safeguarding Report**

***To be completed by the Council’s Designated Safeguarding Lead (DSL):***

|  |  |
| --- | --- |
| **Name of DSL:** |  |
| **Date Received by DSL:** |  |

|  |
| --- |
| **Agreement with first response actions taken: Yes/No** |
| **Further actions to be taken:** |
| **Action** | **By Whom** | **Complete** |
|  |  |  |
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|  |  |
| --- | --- |
| **Review Date:** | **Diarised 🗸** |
|  |  |

|  |
| --- |
| **Review Notes:** |
|  |

**(*copy and paste additional review dates and notes if required*)**

I confirm that following review(s), there are no further actions to be taken on this case:

Signed:

|  |  |
| --- | --- |
| **Date Case Closed Down:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Report Quality Sampled by Disclosure QA Officer:** |  | **Date:** |  | **Approved** | **Yes/No** |