



Safeguarding Report Form

Most recent update: 17 May 2024

PART 1

Details of service user this report applies to

Name					
Address					
Date of birth		Contact telephone no.			
Is the person disclosing/of concern below 18?			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:
<ul style="list-style-type: none">•

PREVENT Duty					
<p>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:</p> <ul style="list-style-type: none">• Right wing extremism• Religious extremism• Animal rights extremism• Other forms of extremism <p>In your opinion, do you think the information submitted in this report comes under our Prevent Duty? <i>This is just your opinion to help our Designated Safeguarding Lead access appropriate support/advice.</i></p>					
Yes		No		Not sure	

Once you have completed the information above, submit the report to:

Matthew Smith	Designated Safeguarding Lead for Skills and Employment provision
Email	matthew.smith@cheshirewest.gov.uk
Telephone	07990 532840
Ben Watts	Deputy Safeguarding Lead for Skills and Employment provision
Email	benjamin.watts@cheshirewest.gov.uk
Telephone	07881 500226
Jodie Ronan	Deputy Safeguarding Lead for Skills and Employment provision
Email	jodie.ronan@cheshirewest.gov.uk
Telephone	07768 558858



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

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	
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Report quality sampled by Disclosure QA Officer			
Approved		Date	