**Safeguarding Adults at Risk and in Need of Protection**

Safeguarding is about responding to concerns about alleged and suspected abuse and putting into place plans to help and protect those who cannot protect themselves. This includes children, young people and adults at risk and in need of protection.

This form should be completed as fully as possible by the staff member reporting a concern and passed immediately to the relevant TFT Designated Safeguarding Officer for action:

**DETAILS OF SAFEGUARDING OFFICER (if known)**

|  |  |
| --- | --- |
| Person | Contact Details |
|  |  |
|  |  |

**REPORTING PERSON’S DETAILS**

|  |  |
| --- | --- |
| Name: | Role: |
| Phone: | Email |

**PERSON’S DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Event: |  |
| Phone: |  |
| Email: |  |

**INCIDENT DETAILS**

|  |  |
| --- | --- |
| Date & Time: |  |
| Name of anyone present: |  |
| Your observations: |  |
| Please not below exactly what the person said and what you said.  (Remember do not lead the person, record actual details.) |  |
| Consent: Has the person given you their consent to make a safe-guarding referral. | |  |  | | --- | --- | | **PLEASE TICK APPROPRIATE BOX** | | | **Yes** |  | | **No** |  | |
| Has the person given their permission for the safe-guarding officer to contact them directly? | |  |  | | --- | --- | | **PLEASE TICK APPROPRIATE BOX** | | | **Yes** |  | | **No** |  | |

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Reporting Person Signature |  | Date: |  |
| Person Signature |  | Date: |  |
| Safeguarding Officer Signature |  | Date: |  |

**ACTION TAKEN**

|  |
| --- |
| Safeguarding Officer action taken: |
| Safeguarding action taken: |
| Please remember to maintain confidentiality to protect the person. Only discuss this incident with those who need to know. |