Safeguarding Concern Form

This form must be completed to report any safeguarding concern where a learner may be at risk of harm, require safeguarding support, or where they or their family may need care, welfare or external support services.

It should also be used to report concerns including allegations against staff, bullying or harassment, physical intervention incidents, Prevent/radicalisation concerns, online safety concerns, female genital mutilation (FGM), domestic abuse, exploitation, or any other matter affecting a learner's safety or wellbeing.

Learner

DOB

Setting/Workplace

Employer Name

Setting/Centre

Date of Event

Ethnicity
(if applicable)

Date of Information received and recorded

Source of information

Recorded by (full name and job title)

Level of Concern (low risk, medium risk, immediate risk/danger)

Date and time of incident

Parent/Caregiver name and contact details (16 & 17 years only

Details of Safeguarding concern/disclosure
(Disclosure is to be in the persons of concerns own words)

Next Steps

Has this incident been reported to external agencies? Y/N

If Yes, please provide further details:

Name of Organisation or Agency

Contact person

Telephone Number & Email Address

Agreed Action or Advice Given

Would you consider this concern ongoing or closed?

If ongoing what do you plan to follow up and when?

Signature of person completing the form

Date

Signature of DSO/DSL

Date

Please email this form to BBT.safeguarding@busybees.com

Please record significant incidents and events relating to the concern raised.

Do not record sensitive information on this form but signpost to other documents if necessary. This document must be completed by the DSO/DSL.

Name | DOB

Date	DSO/DSL Name	Incident/Event	Actions/Outcomes

Date	DSO/DSL Name	Incident/Event	Actions/Outcomes