**Appendix Gb**

**SAFEGUARDING DISCLOSURE FORM**

**Please complete this form to record a disclosure to the Safeguarding Team**

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| --- | --- | --- | --- |
| Learner Details  Please include full name, DOB, Apprenticeship Course and Employer | | Disclosure  Record down word for word and do NOT add your own knowledge about the person or your opinion on the situation. It is ESSENTIAL this is an ACCURATE RECORDING of what the person disclosing says. | |
| Full Name:  DOB:  Address:  Standard:  Employer:  Employer contact details: | | PLEASE ADD ADDITIONAL PAGES AS REQUIRED. Ensure any additional pages are signed and dated by both the person disclosing and YOU and your names are clearly printed. | |
| Name of alleged perpetrator/s: | | | |
| Address and post code of alleged perpetrator or perpetrator/s if known: | | | |
| Alleged perpetrator’s relationship to the person reporting the disclosure: | | | |
| Your role and relationship to the person reporting the disclosure: | | | |
| Disclosure made by: | Full Name: | | Date/Time: |
| Signature: | |
| Disclosure raised by: | Full Name: | | Date/Time: |
| Signature: | |

|  |  |  |
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| Action/s Taken | | |
|  | | |
| Completed by: | Full Name: | Date/Time: |
| Signature: |
| Outcome | | |
|  | | |
| Completed by: | Full Name: | Date/Time: |
| Signature: |