**HOPE CHURCH**

**SAFEGUARDING REPORT FORM**

**Section A - Person(s) Reporting Concern**

*Location of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date and time of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date and time report submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Safeguarding Advisor concern referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Section B - Person(s) concerned details**

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approx. Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_*

**Section C- Report**

Please provide a clear and concise report of concern(s):

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Please provide any action taken or advice given at time of witnessing concern:

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**Actions to be taken by DSL or member of Safeguarding Team:** (*Date/Time/Staff Member/ Action)*

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**Referral to internal support services? Yes/ No** *(Further details including person(s) referring, date of referral, outcome of referral and any further actions required)*

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**Referral to external agencies? Yes/ No** *(Further details including person(s) referring, date of referral, outcome of referral and any further actions required)*

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**Logged on Hope Church DSL Safeguarding Tracker:  YES/NO**

**Case Review:**

 *All required actions taken – No further actions required*

 *Ongoing concern – to be monitored by DSL*

 *Other – Provide details*

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**Designated Safeguarding Lead Sign Off**

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time**:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Hope Church Guildford, Suite 1D and 1E Compton House, Walnut Tree Close, Guildford, GU1 4TX*