**University of Bolton**

**Safeguarding Incident Form**

|  |  |
| --- | --- |
| **Your Details (1)** | |
| Name: |  |
| Current job role/ relationship to individual |  |
| Phone Number: |  |
| Email: |  |
| Address (if external to the University of Bolton): |  |
| Date of completion: |  |
| **Referral Details (2)**  (Student or Staff members details for whom a Safeguarding Concern is being raised) | |
| First Name: |  |
| Surname: |  |
| Student Number (if applicable): |  |
| Staff Number (if applicable): |  |
| Current telephone number (sometimes SITs is not up to date) |  |
| **Incident Details (3a)** | |
| Are you reporting a concern raised by? | Yourself |
| Or Someone Else |
| If reporting concerns raised by someone else, please provide additional information: | |
| Name: |  |
| Phone Number: |  |
| Email: |  |
| Address (if external to the University of Bolton): |  |
| Does the concern relate to? | Adult at Risk  (person named above – section 2)  Child/Children  (additional details required – complete section 3a below)  Both an Adult at Risk and or a Child/Children  (additional details required – complete section 3a below) |
| **Additional Personal Details (3b):** | |
| **Child 1** |  |
| Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| School or College where child 1 attends: (if applicable) |  |
| **Child 2** |  |
| Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| School or College where child 1 attends: (if applicable) |  |
| **Child 3** |  |
| Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| School or College where child 1 attends: (if applicable) |  |
| Use the box below to add any additional children or personal details: | |
|  | |
| **Details of the Concern (3c): (be clear and factual)** | |
| Details of the concern/incident: |  |
| Date of Incident: |  |
| Time of Incident: |  |
| Witnesses to the incident: (include full names, contact details and any other relevant information) |  |
| Description of any visible bruising or other injuries (if applicable): |  |
| Actions Taken: (include any support that you have offered, details of who you have discussed your concerns with and when, any external organisations you have signposted the person named in section 2 to etc) |  |
| **Sharing Information (3d)** | |
| Does the person named in section 2 know you are making this referral? | Yes  No |
| Does the person named in section 3a (if applicable) know you are making this referral? | Yes  No |
| **Additional Information (4)** | |
| Use the box below to include any additional information you feel may help, i.e. are there any other agencies involved?  contact details for any other professionals/agency involved? |  |

Please return completed forms to the Senior Designated Safeguarding Champions (SDSC) by means of email – [safeguarding@bolton.ac.uk](mailto:safeguarding@boltn.ac.uk)