



Safeguarding Incident Reporting Form

To be completed as soon as possible after an incident or injury involving a young person or vulnerable adult, or in the event of any safeguarding concern related to a Cadet Vocational College learner.

Date of report	D	D	/	M	M	/	Y	Y
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Your details

Full name								
Position								
Telephone number					E-mail			

Young person / vulnerable adult / learner details

Full name									
VQ number				Age			Gender	Male	Female
Organisation / Unit									

Incident / disclosure details

Who is making the disclosure?	I am				The learner has made a disclosure to me									
What did you say to the learner about confidentiality? <i>(if applicable)</i>														
Date of incident	D	D	/	M	M	/	Y	Y	Time of incident	H	H	:	M	M
Name of premises														
Where on premises did the incident take place?														

Nature of concern / disclosure

Please include the location where the disclosure was made and provide a clear account of what was said. Refrain from using judgmental language; instead, report the exact words used, even if this makes you feel uncomfortable. Be sure to note any changes in behaviors or emotional responses, as these may provide important context. If you are able to identify an alleged abuser and / or individuals who raise concern, you should verbally pass this information on in confidence to the Designated Safeguarding Lead.

Was anyone else with you at the time of disclosure? If so, who?

Was there an injury?	Yes	No	Did you see it?	Yes	No
Describe the injury, treatment carried out etc.					
Have you completed the body plan on Page 4 to show where the injury is?				Yes	No

Details of damage to property <i>(if any)</i>

Who have you passed this information to?

Full name	
Position	
Organisation	

Full name	
Position	
Organisation	

Full name	
Position	
Organisation	

E-mail the completed form to safe@cvcollege.org please remember to preserve confidentiality by not using any identifiable personal information in the title or body of the e-mail.

Body map

