

Safeguarding Incident Form

August 2020



FARDAD
FOUNDATION



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Safeguarding Incident Form

If you are concerned about a young person's welfare:

- having **Recognised** signs of abuse/neglect or because of you've been told about it:
 - **Respond to Reassure** the person telling you by listening and letting them know; it's right to tell you, it's not their fault, and you'll share the information with the Designated Safeguarding Lead (DSL)
 - Please PRINT this form to **Record** incident details, keeping the information confidential
 - **Refer** your concern and pass a scanned copy of the form, confidentially, to the DSL on the same day

Your Name	Name of Organisation
Your role	
Your Contact Details	
Address: _____	
Postcode: _____ Telephone number/s: _____	
Email address _____	
Young Person's Name	Young Person's Address:
Young Person's Date of Birth	Does the Young Person have a disability? Y/N If Y, nature of disability
Young Person's Ethnic Origin	Young Person's Gender
Please state	Male /Female /Other (delete as appropriate)
Parent's / Carer's Name(s)	
Contact information (parents/carers)	
Address: _____	
Postcode: _____ Telephone number/s: _____	
Email address _____	
Have parents / carers been notified of this allegation/incident/concern?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide details of what was said/action agreed	



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Have parents / carers been notified of this allegation/incident/concern?

Yes

☐

No

☐

If YES, provide details of what was said/action agreed

Are you reporting your own concerns or responding to matters raised by someone else?

My own concerns

☐

Responding to matters raised by someone else

☐

If responding to matters raised by someone else, please provide further information about them.

Name

Position within Migrant Leaders or relationship to the young person

Telephone number/s

Email address

Date, time and location of allegation/incident.

Details of the allegations/incident/ concerns: Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.



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Young Person's account (if available) of the incident.

Additional details can be provided on page 4

Any witness accounts of the incident.

Details of any witnesses to the incident

Name: _____

Position within ML or relationship to the young person _____

Date of birth (if witness is a young person) _____



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Address: _____

Postcode: _____ Telephone number/s: _____

Email address: _____

Details of action taken to date:

Has the incident been reported to any external agencies?

Yes ☐

No ☐

If YES, please provide further details on page 4:

Name of organisation / agency:

Contact person: _____

Telephone number: _____

Email address: _____

Agreed action or advice given:



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Use this space to provide any additional details, if any, relevant to this allegation/incident::

Your Signature:		Date:	
Print name:			
Witness Signature:		Date:	
Print name:			

In line with reporting procedures contact the Migrant Leaders Designated Safeguarding Lead in advance of securely sending on this form.



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The Fardad Foundation (TFF) is a UK registered charity that works directly with young people from deprived neighbourhoods, educational institutions and employers to provide bespoke support pathways towards the fulfilment of their true potential. TFF develops and delivers programmes, working with third parties and volunteers. Incorporated independently, TFF is governed by a diverse Trustees Board.

The Fardad Foundation (TFF) is registered as a charity with the Charity Commission in England and Wales with registered charity number 1176049.