

University of the Highlands and Islands: Safeguarding Reporting Form

Remember to maintain strict confidentiality and store this form securely.

Section A: Reporter's Name and Information

Your Name	
Your Position	
Office Location	
Phone Number	
Email Address	
What is your reason for completing this form? Select one option below.	
Concerns about a student	<input type="checkbox"/> <i>Now complete Section B</i>
Disclosure from a student	<input type="checkbox"/> <i>Now complete Section C</i>
Concerns about someone responsible for students	<input type="checkbox"/> <i>Now complete Section D</i>

Section B: Concerns for or about a student

Student's Name		
Student's Date of Birth		
Student's ID Number		
Student's Contact Number		
Name of School (if applicable)		
Is the student a child, a vulnerable adult or neither?	A child	<input type="checkbox"/>
	A vulnerable adult	<input type="checkbox"/>
	Neither	<input type="checkbox"/>
Your Concerns (Include as much relevant detail as possible including reasons for concern, name(s) of person(s) involved, dates and times, any discussion that has taken place.)		
Please now pass the form to the Safeguarding Lead		

Section C: Disclosure from a student

Student's Name		
Student's Date of Birth		
Student's ID Number		
Student's Contact Number		
Name of School (if applicable)		
Is the student a child, a vulnerable adult or neither?	A child	<input type="checkbox"/>
	A vulnerable adult	<input type="checkbox"/>
	Neither	<input type="checkbox"/>
Date and time of disclosure		
What did the student tell you? Record exactly what the student said in their own words and any questions you asked if the situation needed clarified. Continue on separate sheet if necessary.		
Provide any additional relevant information. Examples may include changes in the student's behaviour, any observations prior to the disclosure etc.		
Please now pass the form to the Safeguarding Lead		

Section D: Concerns about someone responsible for students

Person of Concern's Name	
Person of Concern's Position	
Your Concerns (Include as much relevant detail as possible including reasons for concern, name(s) of person(s) involved, dates and times, any discussion that has taken place.)	
Please now pass the form to the Safeguarding Lead	

Section E: Safeguarding Lead

Safeguarding Lead's Name		
Consultation Undertaken		
Decision Made	No further action	<input type="checkbox"/>
	Continued monitoring	<input type="checkbox"/>
	Formal referral	<input type="checkbox"/>
Rationale for Decision		
Formal Referral Details Include details of which agency has been informed, including name and contact number where possible.		
Formal Referral Date		
Senior Management Liaison Include details of which member of Senior Management has been made aware of the situation, any discussions that took place and the date the exchanges took place.		
Safeguarding Lead's Signature		
Date of Reporting Form Closure		