

Safeguarding Report Form

Most recent update: 02 April 2025

PART 1

Details of service user this report applies to

Name					
Address					
Date of birth		Contact telephone no.			
Is the person disclosing/of concern below 18?			YES	NO	

Details of staff member completing this form

NB Some safeguarding reports are based on disclosure but there are some where there is no disclosure but there are staff concerns. Please complete the following fields as appropriate

Organisation					
Service User Disclosure	YES	NO	Staff concern	YES	NO
Member of staff to whom disclosure was made			Job role		
Organisational Designated Safeguarding lead (if different from above)			Date of disclosure		
Nature of disclosure/concern:					
[row will resize when text added]					
Date of submission to the CW&C Designated Safeguarding Lead					

Details of any support actions agreed with the service user (if any)

Actions taken:

- [row will resize when text added]

PREVENT Duty

We also have a duty to protect our learners and customers from any form of extremism and/or intent to cause harm or capability to cause harm. This includes:

- Right wing extremism
- Religious extremism
- Animal rights extremism
- Other forms of extremism

In your opinion, do you think the information submitted in this report comes under our Prevent Duty? *This is just your opinion to help our Designated Safeguarding Lead access appropriate support/advice.*

Yes

No

Not sure

Once you have completed the information above, submit the report to:

Matthew Smith

Email

Telephone

Designated Safeguarding Lead for Skills and Employment provision

matthew.smith@cheshirewestandchester.gov.uk

07990 532840

Ben Watts

Email

Telephone

Deputy Safeguarding Lead for Skills and Employment provision

benjamin.watts@cheshirewestandchester.gov.uk

07881 500226

Jodie Ronan

Email

Telephone

Deputy Safeguarding Lead for Skills and Employment provision

jodie.ronan@cheshirewestandchester.gov.uk

07768 558858

PART 2

Safeguarding report

To be completed by the Council's Designated Safeguarding Lead (DSL)

Name of DSL:	
Date Received by DSL:	

Agreement with first response actions taken:	YES	NO
Further actions to be taken:		
Action	By Whom	Complete
[row will resize when text added]		
[row will resize when text added]		
[row will resize when text added]		

Review date		Diarised ✓	
Review notes:			
[row will resize when text added]			

(copy and paste additional review dates and notes if required)

I confirm that following review(s), there are no further actions to be taken on this case:

Signed		Date case closed	
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Report quality sampled by Disclosure QA Officer			
Approved		Date	