**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 | ☐ *Now complete Section B* |
| Disclosure from a student | ☐ *Now complete Section C* |
| Concerns about someone responsible for students | ☐  *Now complete Section D* |

**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 | ☐ |
| A vulnerable adult | ☐ |
| Neither | ☐ |
| **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 | ☐ |
| A vulnerable adult | ☐ |
| Neither | ☐ |
| **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 | ☐ |
| Continued monitoring | ☐ |
| Formal referral | ☐ |
| **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** |  |