Safeguarding Notification Concern Form

Part 1 For Safeguarding Team use:

 Case no:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | County/Island: | County/Island Commissioner name: |  |
|  |  |  |  |  |
|  |  |  |  |
|  | Inform the following people within 12 hours of your initial concern: |  |
|  | **County/Island Commissioner** |  |  |
|  | Date informed of concern: |  |  |
|  | **Region Safeguarding Team** |  |  |
|  | Date informed of concern: |  |  |
|  | Name of person(s) concern relates to: |  |
|  |  |  |
|  | Their membership number and Unit name: | Their date of birth: |
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|  | Date of concern: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Who initiated the concern? |  |  |  |  |  |  |
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|  | Brief description of concern: |  |  |  |  |  |  |
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|  | Person completing form: |  |  |
|  |  |  |
|  | Their membership number: | Their contact details: |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Region Office: | swehq@ggswe.org.uk |  |  |
|  | Region Safeguarding Team: | safeguarding@ggswe.org.uk |  |  |
|  |  |  |  |  |