Safeguarding Notification Concern Form

Part 1 For Safeguarding Team use:

Case no:

|  |  |  |  |  |  |  |  |  |
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|  | County/Island: | | | County/Island Commissioner name: | | | |  |
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|  |  | | |  | | | |  |
|  | 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: | |  | | | | |  |  |  |  |
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|  | 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: | | | | |
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|  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |
|  | Region Office: | | | | [swehq@ggswe.org.uk](mailto:swehq@ggswe.org.uk) | | | |  |  |
|  | Region Safeguarding Team: | | | | [safeguarding@ggswe.org.uk](mailto:safeguarding@ggswe.org.uk) | | | |  |  |
|  |  | | | |  | | | |  |  |