**SAFEGUARDING**

**REPORT FORM**

This form is to be used by any Counsellor or member of the Therapy Centre Services team to record disclosures or suspicions of suicidal ideations / suicidal intent, abuse or other concerns where safeguarding is required.

The completed form should be returned to [lucy@therapycentreservices.com](mailto:lucy@therapycentreservices.com)

|  |  |
| --- | --- |
| Your name | Your position |
| Location | Contact phone number |
| Details of the client : | |
| Name | |
| Address | |
| Phone number | |
| Date of birth (if known) CHILD / ADULT | |
| Name of GP and practice contact number : | |
| Other relevant details about the client : e.g. family circumstances, physical and mental health, communication difficulties | |
| Details of the safeguarding concerns / allegations / suspicions | |
| Are you recording;   * Disclosure made directly to you by the client * Disclosure or suspicions by a third party * Your own suspicions or concerns? | |
| Date and time of disclosure : | |
| Date and time of incident (if applicable) : | |
| Details of the safeguarding concerns / allegations / suspicions. State exactly what you were told / observed and what was said. Use the persons own words as much as possible | |
| Action taken so far: | |
| Next step / action |  |
| Date to be actioned |  |
| By whom |  |
| Signed |  |