**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

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| --- | --- |
| 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 |  |