

# Notification of Safeguarding Concern

For those completing this form (not HQ Safeguarding team) please complete section 1, 2, 3, 4.

This section to be completed by Girlguiding HQ	
Date Incident Reported:	Case Reference:
Duty Officer:	Case Manager:

1. NOTIFICATION DETAILS:	
Name of person notifying:	
Membership No. (if applicable):	Role:
Phone number:	Email:
Position: <input type="checkbox"/> LADO <input type="checkbox"/> Police <input type="checkbox"/> Public <input type="checkbox"/> Social Services <input type="checkbox"/> Volunteer <input type="checkbox"/> Parent	

2. DETAILS OF THE PERSON AGAINST WHOM ALLEGATIONS HAVE BEEN RAISED:	
Name:	DOB:
Membership No:	DBS end date, if known:
Address:	
Unit:	County:
Region:	
To be completed by Girlguiding HQ	
Date Suspended:	Date suspension letter sent:

3. DETAILS OF THE CHILD/VULNERABLE ADULT POTENTIALLY HARMED:	
Name:	DOB:
Membership No:	
Address:	
Unit:	County:
Region:	
Does parent/carer know about the concern: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**4. BRIEF OVERVIEW OF CONCERN:**

Sections 5-7 are to be completed by the HQ Safeguarding Team

**5. CONTACTS (NAME AND NUMBER):**

REGION CHIEF	Name:
Email:	Phone:
COUNTY COMMISSIONER	Name:
Email:	Phone:
REGION SG VOLUNTEER	Name/s:
Email:	Phone:
LADO	Name:
Email:	Phone:
CHILDREN AND FAMILY SERVICES	Name:
Email:	Phone:
POLICE	Name:
Email:	Phone:

DATE	ACTION BY	ACTIONS

**6. FINAL OUTCOME OF INVESTIGATION:**

Outcome:  No action required  Restriction  Withdrawal  Refusal

Please provide detail for the outcome:

**7. CLOSING CHECKLIST**

Date Suspension lifted:

Date referrer notified of outcome:

Date Commissioner notified:

Date notification sent to individual concerned:

Date withdrawal, restriction, refusal paperwork processed:

Date Go amended with outcome:

DBS Referral:  Yes  No

Date completed: