Safeguarding Record of Concern Form

\* If you feel anyone is at immediate risk of harm – please call Emergency Services first

**IMPORTANT:** Please download this form and do not write on the master. Then save, password protect and send to your Designated Safeguarding Lead.

Date completing form:       Date of disclosure or observations:

Business/Service: Pearson Tutoring

Name of person raising concern:

Where were the students?

[ ]  Home­ [ ]  School/College [ ]  Other (please state):

How was the concern raised?

[ ]  Observations [ ]  Self-disclosure [ ]  Report from third person:

Name of person concern relates to:

Overview of concerns

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| --- |
|       |

Actions taken so far

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|       |

Names of others related to case and their connection:

|  |
| --- |
|       |

*For Pearson Tutoring only:*

Date and time of session:       Block reference number:

Tutor name:       Bramble session number:

Tutor email:

Email form to ntpsafeguarding@pearson.com password protected.