



PONY PARTNERSHIPS



Safeguarding Report

This form is the formal record of a safeguarding concern about a child or young person within Pony Partnerships and should be completed immediately and in full. Please pass to Designated Safeguarding Person on the same day as the incident (or as soon as possible).

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| Name of child: | Date of Birth: |
| Date of concern: | Time of concern: |
| Concern identified by: | Role/Position: |
| Name of alleged person(s) responsible for the harm: | How is this person known to the victim: |
| Witnesses: | Place of incident: |

Concern/Incident/Disclosure:

(Why are you concerned about this child? What have you observed, when? What have you been told and when? Please provide a description of any incidents or anything you have been told by a child or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what.)

Has any action been taken in relations to this concern:

(This could be action taken by yourself or anybody else including other agencies, parents etc)

Any relevant historic information that should be considered:

(include any known agencies involved relevant to the disclosure/concern. Include any information that may guide decision making ie is the child on the CP register, are they known to the CSE strategy, previous allegations made and any other relevant information known to adds to this concern).

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| | |
|---|-------------------------|
| This section completed by: | Date & Time: |
| Concern passed to/discussed with: | Date & Time: |
| Was there a delay in passing on the concern: | YES / NO |
| If yes, please comment on the reasons for the delay: | |

| | |
|---|--|
| Action to be taken/recommendations from DSP: | |
| Who did you report this incident to DSP, Asst DSP? | What time was this reported? |
| (highlight here the recommended actions to be taken) • Xx | Actions completed – please evidence • xx |
| Signed: | Dated: |

FOR COMPLETION BY (ASST)DSP ONLY

| | |
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| Have all requested actions been completed | YES/NO |
| Any action taken by the DSP: | |
| Has this been fed back to referrer | YES/NO |
| Signed by (ASST)DSP - (involved in the incident) | Signed by MANAGER or (ASST)DSP – (Clarification) |
| SIGNATURE: | SIGNATURE: |
| PRINT NAME: | PRINT NAME: |

