

Appendix 1: Safeguarding Concern Reporting Form (Print and Save)

STRICTLY CONFIDENTIAL

To be completed by the person reporting the safeguarding concern:

Your Name	
Your Job Title	
Your Line Manager	
Your Email Address	
Your Phone Number	
Today's Date	
Date and Time of Initial Report if different from above.	
Who did you report your concern to Welfare/Security team/other (please state)	

Details of the person you are concerned about	Location of concern e.g., home, school, accommodation, research setting, on campus clinic
Name: Date of Birth: Address: School:	

Details of concern: Please provide as much information as possible, including what alerted your attention to the concern and provide the names of all people involved.

Your Name:

Signed:

Date:

Please send to the Consultancy Team at wellbeingconsultancy@newcastle.ac.uk