**REPORTING A CAUSE FOR CONCERN**

**NHS Leadership Academy Safeguarding**

This form must be completed on every occasion where there is a safeguarding cause for concern. All completed forms MUST be forwarded to National Leadership Academy Safeguarding Lead within 24 hours of reporting the concern. Email: safeguarding@nhsleadershipacademy.nhs.uk

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| **1. Details of the person completing the form** |
| Your Name: | Role: |
| Email:  | Contact telephone number: |
| National/regional team: | Reference number:***Provided by the National Safeguarding Lead*** |
| **2. Details about the person at risk** |
| Name: | Date of birth if known: |
| The role of the person and NHS organisation they are employed: *(Patient/Service User/Internal or external NHS Staff or partner organisation)* |
| Age:  | Gender: |
| Address: |
| Email:  | Contact telephone number: |
| Ethnicity: | First language:  |
| Details of next of kin/other contact: |
| Has the person at risk given their consent for this concern to be raised? Yes No  |
| Do you think that the person at risk has the mental capacity in relation to making decisions about their safety? Yes No |
| Date of concern: | Where did the incident occur? |
| Brief factual outline of concern |
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| **3. Details of the alleged person or organisation who has caused the harm, if known:** |
| Name: | Date of birth if known: |
| Age:  | Gender: |
| Address: | Contact telephone number: |
| Ethnicity: | First language:  |
| **4. Desired outcomes** |
| Desired outcomes of the person at risk |  |
| Desired outcomes of the person making the referral |  |
| **5. Notes and Actions log**  |
| Date & time  | Notes  | Signature |
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