Wyre Forest District Council Disclosure Form

Due to the nature of their roles and areas of work, Officers within Strategic Housing are to complete referrals to the Family Front Door and/or Adult Social Care direct. They are to inform the Named Safeguarding Officer of the referral by the end of the working day.

***Please complete as much of the following as possible. The completed form should be sent to the Named Safeguarding Officer. This should be no later than at the end of the working day in question***

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS OF THE CHILD/ ADULT | | | |
| Name of Child / Adult |  | | |
| Gender |  | Date of Birth/Age (if known) |  |
| Parent/Carers Name(s) | (leave blank if your concern is about a adult who does not have a carer) | | |
| Home address | (if known) | | |

|  |  |
| --- | --- |
| YOUR DETAILS | |
| Your Name |  |
| Your Position |  |
| Date and Time of Incident |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM/ LIKELY CAUSE HARM TO A CHILD/ ADULT (if known) | | | |
| Name |  | | |
| Gender |  | Date of Birth/Age (if known, relationship to victim ) |  |
| Parent/Carers Name(s) | (if the person harming/likely to harm to a child/ adult is under 18 years old) | | |
| Home address | (if known) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **REPORT** | | | |
| Are you reporting your own concerns or those raised by someone else | | My own concerns  Concerns raised by someone else |  |
| If reporting concerns raised by someone else, please provide their name(s) and position(s): | | | |
| Name |  | | |
| Position |  | | |
| Date and Time of Disclosure (If different) |  | | |

|  |  |  |
| --- | --- | --- |
| **DETAILS OF THE SAFEGUARDING CONCERN/DISCLOSURE, INCLUDING TIMES, DATES AND OTHER RELEVANT INFORMATION.** (The information should be as objective as possible, includingdirect quotes and reasons why you thought and responded as you did): | | |
|  | | |
| Details of any witnesses to the incident(s) |  | |
| Have you spoken to anyone else regarding the concern/disclosure? | | Yes  No |
| REMEMBER: YOU SHOULD NOT CONDUCT AN INVESTIGATION. YOU SHOULD NOT CONTACT THE PARENT/CARER IF DOING SO MAY PUT A CHILD/ ADULT AT FURTHER RISK OF HARM. | | |
| If yes, please provide details of who, what was said, when and what their response was |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FURTHER ACTION TAKEN** | | | | |
| **Have you informed any of the following?** | | | | |
| Police | Yes  No | Other Emergency Services | | Yes  No |
| Line Manager/ Head of Service | Yes  No | Other (please specify) |  | |
| If yes, please specify: | | | | |
| Your Signature |  | Date |  | |

REMEMBER TO MAINTAIN CONFIDENTIALITY. DO NOT DISCUSS WITH ANYONE OTHER THAN THOSE WHO NEED TO KNOW

**The competed form should be sent to the Named Safeguarding Officer, this should be, no later than at the end of the working day in question:**

Kathryn Underhill – Named Safeguarding Officer  
Community and Strategic Projects Manager

01562 732956 [kathryn.underhill@wyreforestdc.gov.uk](mailto:kathryn.underhill@wyreforestdc.gov.uk)

**In absence of Named Safeguarding Officer, contact the following Safeguarding Support Officer:**

Barbara Sarbinowska

Housing Manager

01562 732181 [barbara.sarbinowska@wyreforestdc.gov.uk](mailto:barbara.sarbinowska@wyreforestdc.gov.uk)

# Named Safeguarding Officer Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL INFORMATION RELEVANT TO THE SAFEGUARDING CONCERN/DISCLOSURE** | | | |
| Date received and acknowledged |  | | |
| Internal action taken and reason(s) |  | Date |  |
| Date forwarded onto LADO/Police/Social Care |  | | |
| Correspondence from LADO/Police/Social Care |  | Date |  |
| Date case closed/on hold |  | | |
| Named Safeguarding Officer’s Name |  | | |
| Named Safeguarding Officer’s Signature |  | Date |  |