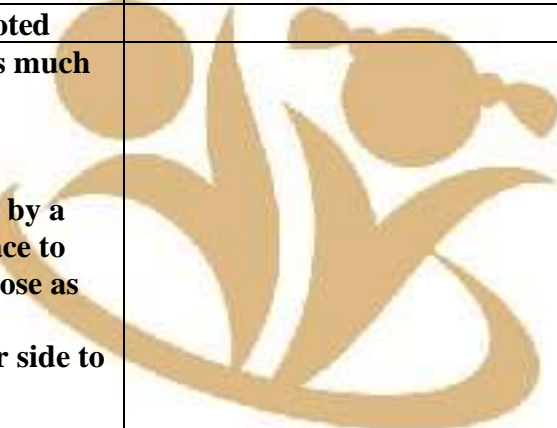


APPENDIX 1

Safeguarding concern/allegation form (to be given to Berkeley Guardians' DDSL/DSL)

Please see procedure in the policy document and complete if you have a safeguarding concern/allegation to report. You must complete the boxes in bold; the other information can be filed in by the School Designated Safeguarding Person later if you do not know.

Student's first name	
Student's family name	
Student's gender	
Student's date of birth	
Student's age	
Student's nationality	
Individual student or group name:	
Full name of person with concern	
Role of person with concern	
Contact details of person with concern	
Date (and time) concern noted	
Location where concern noted	
Concern (please provide as much detail as possible)	
N.B. If reporting a disclosure/allegation made by a student, please use this space to describe verbatim (or as close as you can remember) the conversation. Use the other side to write more if needed.	
Student's views (if known)	
Suggested follow-up/advice to be given to student, if applicable	
Date and time form completed:	
Signature of person with concern:	

Response to Concern: follow up action by Designated Safeguarding Person

Date DSM informed:	
Discussed with:	
Parents/group leader/agent/homestay/others informed?	

Response	By whom (full name)	When (Date & Time)
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