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# Prevent Disclosure Form

This form is to be completed if you have a safeguarding concern which specifically relates to Prevent (where you are concerned that an individual is at risk from radicalisation). If you feel the individual is in immediate danger, please call the Police.

The Designated Safeguarding Lead and Deputy invite you to have a conversation with them in advance of the form being completed (if possible). Please complete as much of the form as you can and submit it to the contacts below.

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| **Designated Safeguarding Lead** |
| Jobeth Hamilton  [jobeth.bastable@sportstructures.com](mailto:jobeth.bastable@sportstructures.com)  07917 388166  Sport Structures, Suite 8, The Cloisters, 12 George Road, Edgbaston, Birmingham B15 1NP |

In the event that the DSL is unavailable, please pass the information on to our Deputy DSL:

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| **Deputy Designated Safeguarding Lead** |
| Simon Kirkland  [Simon.kirkland@sportstructures.com](mailto:Simon.kirkland@sportstructures.com)  07766 768474  Sport Structures, Suite 8, The Cloisters, 12 George Road, Edgbaston, Birmingham B15 1NP |

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| **Prevent Champion** |
| Joanne Collins  [Joanne.Collins@sportstructures.com](mailto:Joanne.Collins@sportstructures.com)  07830 119884  Sport Structures, Suite 8, The Cloisters, 12 George Road, Edgbaston, Birmingham B15 1NP |

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| **Part 1: Person raising the concern** | | | | | | | |
| Name of the person raising the concern: |  | | Job role: | | |  | |
| Contact number: |  | | Email address: | | |  | |
| **Individual details** | | | | | | | |
| Is the individual a child or an adult? *(Please note, a child is someone who has yet to reach their 18th birthday?)* | | Child | |  | Adult | |  |
| Name of child/adult: |  | | Learner ID *(if applicable):* | | |  | |
| Contact number of child/adults: |  | | Gender: | | |  | |
| Date of Birth (if known): |  | | Age: | | |  | |
| Postcode of child/adult: |  | | Nationality/citizenship: | | |  | |
| Any other family details  (Anything you may feel relevant) |  | | | | | | |
| Please tick one: | | | | | | | |
| I am reporting my own concerns.  I am responding to concerns raised by someone else *(please record details below)* | | | | | | | |
| Do you wish to remain anonymous? | Yes  No | |  | | |  | |
| Designated Safeguarding Lead (DSL): |  | | Date disclosure reported to DSL | | |  | |

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| **Part 2:**  **Incident/Disclosure Details** | | | | | | |
| What instance or circumstance has led you to share this concern? |  | | | | | |
| Other persons present at the time of instance/circumstance: | Yes  No  Please specify: | | Date of instance/circumstance: | |  | |
| **Relationship:** | | | | | | |
| Describe your relationship to the individual believed to be at risk |  | | | | | |
| **Reason for concern** *(please tick)* | | | | | | |
| Please describe, in as much detail as possible, the specific concern(s) relevant to Prevent | |  | | | | |
| What concerning behaviours have you noticed? | | Absence  Expressions of extremist views  Abuse  Alcohol  Becoming socially isolated  Confrontational  Desire to travel to conflict  Drug use  Fixated on a topic  Seeking to recruit ideology  ‘Them and Us’ language  Legitimising use of violence  Honour-based violence  Other  If stated other, please describe: | | | | |
| Please describe further the behaviours that have come to your attention | |  | | | | |
| Is there anything in the individual’s life that you think might be affecting their wellbeing or that might be making them vulnerable? | | Yes  No  If yes, please specify: | | | | |
| Does the individual know you are sharing the concern? | | Yes  No | | | | |
| Is the individual’s employer / manager aware of the concern? | | Yes  No  Not applicable | | | | |
| Please provide any other information which you feel might be relevant: | |  | |  | | |
| **Declaration:** | |  | |  | | |
| Signature: | |  | | Date: | |  |

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| **Part 3** – **Designated Safeguarding Lead (DSL) Decision and Action (to be completed by the DSL)** | | | |
| Designated Safeguarding Lead (DSL) name: |  | Date disclosure received: |  |
| Action taken by DSL: |  | | |
| Rationale for decision making/actions taken: |  | | |
| Follow up action by DSL: |  | | |
| Feedback given to person reporting the concerns: |  | | |
| Recorded on case management log? | Yes  No | | |

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| Has information been sought or shared with an external agency? | Y/N |
| Name of agency: |  |
| Named person: |  |
| Contact details: |  |
| Time/date of contact: |  |
| Summary of information/advice received: |  |

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| **Decision** *(complete for all safeguarding concerns)* | | |  | | |
| Internal referral *(complete 4a)* | | Y/N |  | | |
| External referral *(complete 4b)* | | Y/N |  | | |
| No immediate referral *(complete 4c)* | | Y/N |  | | |
| Decision clearly communicated to learner | | Y/N |  | | |
| **Declaration** | | |  | | |
| Signature: |  | |  | Date: |  |

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| **Part 4** – **Referral and Follow Up** | |
| **Part 4a – Internal referral** *(complete if applicable)* | |
| Referral to: |  |
| Person making referral: |  |
| Date referral made: |  |
| Notes: |  |
| **Part 4b – External referral action plan** *(complete if applicable)* | |
| Referral to: |  |
| Person making the referral: |  |
| Date of referral: |  |
| Information to be shared with agency: |  |
| Response requested from agency: |  |
| Person responsible for following up: |  |
| Follow up on (date): |  |

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| **Part 4c – Support and follow-up communication with client/external agencies** *(complete for all prevent concerns)* | | |
| Contact date & time | Support and or follow-up communication | Date action to be delivered by |
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