## **Hope City Safeguarding**

Safeguarding is about creating a safe environment where everyone is free from all forms of harm and abuse.

## **Safeguarding Concern/ Disclosure Form**

Their name(s)	
Their contact	
details (or the	
contact details of	
their parent/carer)	
Date	
Time	
Location	
Event	
Context	
Witnesses	
What happened	
Give as much detail	
as possible, even if	
it may seem	
irrelevant. Try to get	
as close to the	
exact wording of	
what was said as	
possible (if	
applicable). If	
reporting an	
observation, be	
specific.	
Your name	
Your signature	
Date the form was	
completed	

Please send this form to  $\underline{safeguarding@hopecitysoton.com}$  as soon as possible.

Please contact Matt Cranston, Safeguarding Lead, on 07724006522; Ruth Hughes, Deputy Safeguarding Lead, on phone number; or Thirtyone:eight on 03030031111 if it is urgent.