

# ART ACADEMY LONDON

## Safeguarding Referral (confidential)

Use this form to supply as much detail as is immediately available to you, but do not attempt to obtain additional details from, or about, anyone involved in the concern/allegation. Any additional line of questioning, no matter how well intentioned, may further jeopardise the welfare of the child, young person or vulnerable adult involved.

### Remember

You should verbally inform the Designated Safeguarding Officer (DSO) of your referral, if possible, and pass this form **IMMEDIATELY** to them. The email should be titled **SAFEGUARDING URGENT CONFIDENTIAL** as a **PDF** and comply with the Academy's Information Security Procedures. If the DSO is absent, please pass the referral to the Safeguarding Contact (SC). Do not discuss your concerns with anyone other than the DSO or SC. Do not attempt to investigate the concerns yourself. You may need support to cope with the concern you are dealing with – ask the DSO for advice, who will be able to refer you to external agencies.

Staff	Role	Email	Phone
Darren Nairn	DSO	darren@artacademy.org.uk	02074076969
Harriet Wheeler	Safeguarding contact (contact in the event of absence of DSO)	harriet@artacademy.org.uk	02074076969

Your details				Details of child, young person or vulnerable adult involved.	
Name				Name	
Job title/ student ID				Age	
Email		Phone		Gender	
				Student ID (if applicable)	
				Contact details (if known)	

**Details of concern**

Are you reporting your own concerns or passing on those of somebody else? (Give details)

Brief description of what has prompted these concerns

*Include dates, times, venue etc. of any specific incidents and description of any alleged or suspected abuse - e.g. neglect, emotional abuse, sexual abuse, physical abuse, discrimination or financial/material abuse – include descriptions of any injuries or marks which are observed*

*Present only information which is immediately available to you. DO NOT attempt to question the subject of the concern or investigate the matter yourself. Any attempt to do so may further jeopardise the welfare of the child, young person or vulnerable adult involved.*

**Signed****Date**

**External agencies contacted (to be completed by the DSO/ SC)**

Agency	Y/N	Contact name	Contact number	Date	Time	Advice received
Police						
IPOC						
Social Services						
LADO						
LA (other)						
NSPCC						
Charity Commission						
Channel						
Other (please name)						

<b>Name</b>		
<b>Signed</b>		<b>Date</b>

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