



Safeguarding Incident Report Form

This form should be completed as soon as possible after a safeguarding concern has been raised.

1. Your Details (Person Reporting the Concern)

Full Name: _____

Role/Position: _____

Contact Number: _____

Email Address: _____

2. Details of the Child or Vulnerable Adult

Full Name: _____

Age/DOB: _____

Gender: _____

Address (if known): _____

Parent/Carer Name(s): _____

Are they aware of this concern? Yes / No (circle one)

3. Details of the Concern or Incident

Date of Incident/Disclosure: _____

Time: _____ Location: _____

Describe the incident or concern (include what was said, observed, or reported):

Was anyone else present or involved? If so, provide details:

4. Immediate Actions Taken

Actions taken by you or others (e.g., reported to Trustees, or Designated Safeguarding Officer (DSO), or first aid given) in whatever form:

Trustees Contact Details

Peter Meekins peter.meekings@newventure.org.uk 07951 711873

Katie Brownings kabrownings@googlemail.com 07986 525862

Alison McMillan-Puri. alison.mcmillan-puri@newventure.org.uk 0753364410

Jerry Lyne. jerry.lyne@btinternet.com 07762916888

Ian Black. ian.black@newventure.org.uk 07956 530696

5. Referral (for use by Trustee)

Date referred to statutory services (if applicable): _____

Name of agency contacted: _____

Name and position of person spoken to: _____

Advice received or action agreed:

Declaration

I confirm that the information given in this report is accurate to the best of my knowledge.

Signature: _____ Date: _____

Dated 5th July 2026

For Review July2026

This document supersedes previous NVT Safeguarding and Child Protection Documents