

APPENDIX E

SAFEGUARDING CONCERNS REPORT FORM

Child's name _____

Age and date of birth _____ Ethnicity _____

Religion _____ First language _____

Date of exam _____

Venue of exam _____

Disability/special factors _____

Parent or guardian's name(s) _____

Home address and telephone number _____

Are you reporting your own concerns or passing on someone else's concerns?
Please give details of concerns

Please briefly describe what has prompted the concerns (include dates, times etc. of any specific incidents)

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Are there any physical or behavioural signs? What are they?

Have you spoken to the child? What did the child say?

Have you spoken to the parent/carer(s)? What did they say?

Has anybody been alleged to be the abuser? Please give details

Have you talked to anyone else about your concerns? Please give details

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Who was this reported to and when?

Signature

Print name and job title

Date

This form must be completed and given immediately, or sent in a sealed envelope marked 'Private & Confidential' within 24 hours, to:

Designated Safeguarding Person
ABRSM
24 Portland Place
London W1B 1LU
United Kingdom

Actions following completion of safeguarding concerns form

Date and time	Details of any discussions, liaison with others, sections, information shared and outcomes	Completed by (name and job title)