

Safeguarding Policy – Disclosure Form CCM F044

This Disclosure Form is to be used in conjunction with Safeguarding Policy CCM P043.

This Form, with Sections 1~4 completed as far as possible, must be sent to the inHope Deputy Safeguarding Officer (DSO) and the Safeguarding Officer (SO) at: safeguarding@inhope.uk

Essential: Do not investigate. A person noting a concern should focus only on establishing the basic facts and ensuring immediate safety. Asking leading questions or attempting to find out 'the truth' can compromise any subsequent formal Section 42 Safeguarding Enquiry or police investigation. The core role is to **record and report**.

Date	
Time	
1. Details of the Person at Risk (the person causing you concern)	
Name of individual causing concern <i>(essential info)</i>	
Date of Birth (if known / disclosed)	
Age (if known / disclosed)	
Address (if known / disclosed)	
Contact Number <i>(essential info)</i>	
2. Details of the Concern (the allegation or incident)	
Describe the concern	
<ul style="list-style-type: none"> • Who (was involved/alleged to have caused harm - if known), • What (happened/is happening), • When (date, time, and duration, including if it is a single incident or a pattern), Where (location of the incident or where the abuse/neglect is occurring), and • Why (any known context or apparent motive). 	

<p><i>(What exactly was seen, heard, or reported? Use the adult's own words if they disclosed the information (or the words of the person reporting). Do not interpret or summarise—record the facts).</i></p>	
<p>Details of any other witnesses to this information.</p>	
<p>What category does the concern fall under?</p> <p><i>(e.g., Physical, Sexual, Financial, Neglect, Psychological, Domestic Abuse, Self-Neglect, Modern Slavery, etc.)</i></p>	
<p>Location and description of any visible marks, bruising etc.</p>	
<p>What impact do you observe now on the individual</p> <p><i>(e.g., injuries, distress, change in behaviour, financial loss).</i></p>	
<p>Is the individual still in immediate danger? Why?</p>	
<p>Are other adults or children at risk? Who?</p>	

3. Details of the Alleged Source of Harm (If known)		
Name of alleged abuser and relationship to individual causing concern (if known)		
If alleged abuser is a professional or volunteer, record their organisation/employer and job title (if known)		
4. Details of the Person Recording this concern		
Was the information on this Form completed in the presence of the individual causing concern?	Yes	No
Was any immediate action taken to ensure the individual's immediate safety? <i>(e.g., called 999/101, sought medical attention, informed a manager).</i>		
Was consent to raise the concern sought and/or given by the individual?	Yes	No
Was the concern reported to anyone within your organisation? <i>(e.g., Safeguarding Officer, Deputy Safeguarding Officer, Supervisor).</i>		
Was the concern reported to Bristol City Council (BCC) Adult Social Care Team, and if so, when?		

Did the BCC Adult Social Care Team advise on further action? If so, what?	
Name of person completing this Form	
Signature of person completing this Form	
Date	

5. Details of the Person Receiving this Disclosure Form

Name of Safeguarding Officer (SO) or Deputy (DSO) receiving this Form	
Date this Disclosure Form was received	

6. Actions Taken by SO and/or DSO on Receipt of this Form

What actions, if any, were taken by the SO or DSO, on receipt of this Disclosure Form?	
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7. Details of the SO, or DSO Closing this Case		
Is the SO or DSO satisfied that the legal obligations of inHope to an 'Adult at Risk' have been fulfilled?	Yes	No
Does the SO or DSO advise that this Case can now be closed?	Yes	No
Name of Safeguarding Officer (SO) or Deputy (DSO) Closing this Case		
Is a review of the risks raised by this Case required? If so, when and by whom?		
What lessons should be noted for future practice and/or policy?		
Does the SO or DSO advise that this Case has been safely stored in inHope records in compliance with our data protection duties?	Yes	No
Signature of Safeguarding Officer (SO) or Deputy (DSO) closing this Case		
Date Case Closed		