

ASEEDER Safeguarding incident form

| 1. Your details – the person completing the form | |
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| Name: | |
| Position: | |

2. Are you responding to your own concerns or to concerns raised by someone else?

☐ Responding to my own concerns

☐ Responding to concerns raised by someone else

If responding to concerns raised by someone else:

| | |
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| Name: | |
| Position: | |
| Telephone: | |
| Email: | |

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| 3. Details of the Incident | |
| <input type="checkbox"/> | Did the Safeguarding concern occur internally (an ASEEDER staff member or contracted member of staff) <i>complete section 3.</i> |
| <input type="checkbox"/> | Did the Safeguarding concern occur externally (a school/client/other related third parties) <i>complete section 4.</i> |
| If the Safeguarding concern occurred internally please provide details of the incident. Details of the incident (please describe in detail using only the facts) | |
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| 4. Other present or potential witnesses | |
| Name: | |
| Position: | |
| Telephone: | |
| Email: | |
| To be completed by ASEEDER Office | |
| 6. Please provide details of action taken to date: | |
| | |
| 7. Has the incident been reported to any external agencies? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| If yes, please provide further details: | |
| Name of organisation/agency: | |
| Contact person: | |
| Telephone: | |
| Email: | |
| Date of contact: | |
| Agreed action or advice given: | |

Reviewed by: 25 August 2025
Next review date: 24 August 2026

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| Your name: | |
| Signature: | |
| Date: | |

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Next review date: 24 August 2026