

SAFEGUARDING CONCERNS REPORT FORM

1.	Child's name	
2.	Child's age/ D.O.B	
3.	Date of exam	
4.	Venue	

5.	What has happened so far? If a child has approached you, use their own words as much as possible to describe what has happened.
6.	How has this come to your attention? Have you witnessed something directly or are you reporting someone else's information? Has a child approached you directly?
7.	Are there any other witnesses? Can you provide details of them?
8.	Are there any other factors you would like to note here, for example, the child's ethnicity, first language, gender or religion?

9.	Are you making this report with the consent of the child/informant?

10.	Name of parent/ guardian	
11.	Address/ telephone number	
12.	Your name	
13.	Your job title	
14.	Your signature	
15.	Date	

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

safeguarding@abrsm.ac.uk

Designated Safeguarding Person
 ABRSM
 4 London Wall Place
 London
 EC2Y 5AU