



Safeguarding Young People and Adults At Risks Concerns Form

Name of Student.....	Date of Birth.....
Course (if known).....	
Address and Telephone Number (if known).....	
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Name of Staff Identifying Concerns.....
Role and Contact Number.....

Nature of Concerns.....
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Date & time identified.....
Date recorded..... Signed.....

Please contact the Designated Staff about any concerns.