

Joseph Education University

ကျိုးရမ်းပညာရေးတက္ကသိုလ်



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Safeguarding Incident Referral Report Form-1

(The form should be submitted by email to the appropriate Designated Safeguarding/HR Officer as promptly as possible, but generally within 24 hours of the incident giving rise to the concern.)

Safeguarding Risk Assessment

- (Section 1) to be completed by individual reporting the concern

Name of child/vulnerable adult (if known):	
Date of birth or age (of child):	Gender: (M/F)
Description of the safeguarding issue including a factual account of something you have witnessed or an account of something a third party has reported to you.	
Time, location, date of the incident/s: (if known)	
Any other observations/information:	
Name of individual reporting the concern:	

Position:	
Action undertaken by person reporting the concern:	
Date concern reported:	

- **(Section 2) to be completed by the Safeguarding or HR Officer**

Is the child or vulnerable adult who is the subject of the concern at immediate risk?	Yes /No Details:
Does the incident relate to an allegation about a student or member of staff?	
Should the staff or student be referred to HR or School for consideration of a precautionary suspension?	
Does the reported incident require referral to an alternative University Administration Committee for actions	
Does the reported incident constitute a criminal offence requiring referral to the police	
Actions to be Undertaken: a) No further action b) Referral to the School or HR & OD Dept for consideration of a precautionary suspension. c) Referral to an alternative University Administration Committee for actions d) Report the matter to the police	Write down action(s):
Signed:	
Date	