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| **Name of School** |   |
| **Head teacher****Snr Designated Safeguarding Lead** |  |
| **School** **Address** |  |
| **Name of Person Reporting the****Incident (witness)**  |  | **Contact:** **Tel number****Mobile No.** |  |

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| **Have the Police been informed?****Name of Officer** | **YES/NO** | **Police Incident No.****Date/ Time** |  |

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| **LOCATION OF INCIDENT** | **DATE & TIME Of THE INCIDENT** |
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| **Description of the person over whom there are concerns.****(No photographs should be included. Police will advise if any photographs are to be taken of the incident)** |
| **Male / Female** |  | **Approx****Age** |  | **Build** |  | **Height** |  |
| **Skin Colour** |  | **Hair****Style** **Length** |  | **Facial Hair** |  | **Eyes** |  |
| **Accent** **Distinguishing Speech Impediment** |  |
| **Clothes** **Shoes****(incl. Logo’s or brand)** |  |
| **Other Distinguishing Features****(incl. tattoos, marks, scars)** |  |
| **Other information** |  |

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| **Vehicle details (no photographs should be included)** |
| **Registration Number** |  | **Make &****Model** |  |
| **Colour** |  | **Numberof Doors** |  |
| **Vehicle Distinguishing Features** | (e.g., bumper stickers, Logo’s, signage, phone numbers, items hanging from rear view mirror, etc.) |

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| **INCIDENT DETAILS (please note this should be factual and evidence based. Information should be collated in the witnesses’ own words)** |
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|  **INFORMATION SHARED (Agreed actions to be taken by those involved)**  |
| **NOTE: All information shared should be compliant with Data Protection Regulations (GDPR) and for the purpose of preventing risk of harm, and threat to children.****Referrer to specifically ask: (Record agreed actions as you go along)** |
| Should I now share this information? Yes/No (record discussion with PETC) |
| If sharing information, with whom should I share it? Yes/No |
| The referrer/ school should be clear on why they are sharing information and record the reason below. |
| If a parent, carer or someone other than school staff was the witness to the incident, have they given consent for you to share their personal details and contact information with the police? Yes/No |
| Referrer to confirm whether a copy of the completed Safeguarding Alert Notification form is to be sent to the police? Yes/No |
| If yes, by what secure email address?  |
| Record what information and advice the Police, PECH have given to the referrer, including any timescales for actions to be taken below. |
| Are you clear on the advice given and the information you are able to share? Yes/NoIf NO or unsure, seek further advice from the PECH/ Police, record the information below. |
| Confirm and record when the police will provide an update as to their investigation and any further actions to be taken and by whom below. |

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| **For 999 emergency incidents which involve identified serious risks of harm or threats to life**, **the Local Authority should be notified using contact number** **Tel: (0115) 9772573 and make clear that this information is for the attention of the Service Director Education Learning** **and Skills** **PA.** **In the case of 999 emergency incidents only, a copy of the School Safe Alert Notification form should be emailed to:** **supporttoschools@nottscc.gov.uk**  |

***This form should be completed fully and in accordance with the School’s Safe Alert Notification Guidance and Flow Chart Protocol.***

 **NOTE:**

 **The Head teacher and governing body will assume responsibility for keeping**

 **children safe and reporting any risk of harm or threat, as required.**

 **The School Safe Alert protocol** **is supplementary and does not replace or supersede**

 **current national or local statutory safeguarding guidance or policies.**

 **Actions taken outside of the ‘School Safe Alert Notification’ protocol will be the**

 **responsibility of the school, academy, or college.**