EMPLOYER/ SUB-CONTRACOR SAFEGUARDING & Critical incident Reporting & recording FORM

This form is used to record details of any safeguarding or critical incident relating to a student (including apprentices) at the University of Nottingham. You may not know all the information at the time of the incident, but the form should be completed as fully as possible, with additional information added by the safeguarding / critical incident lead. The form will be used as an ongoing record.

**Reporting Concerns Relating to Apprentices for Employers and Sub-contractors**

Safeguarding Concerns about an apprentice are identified by the employer

Is the risk urgent and requires an immediate response?

Yes

No

**Immediately:**

**Off campus:** Contact the Emergency Services on 999

**On campus**: Contact University Security on 0115 951 3013 or 0115 951 8888

**Does the concern relate to risk of harm from themselves / mental health concerns (e.g. self-harm, suicide, depression)**

**Refer to Support and Wellbeing Service details below:** [**https://www.nottingham.ac.uk/studentservices/services/support-and-wellbeing-service.aspx**](https://www.nottingham.ac.uk/studentservices/services/support-and-wellbeing-service.aspx)

Yes

No

**Complete safeguarding form, password protect and send to**

[**br-safeguarding@nottingham.ac.uk**](mailto:br-safeguarding@nottingham.ac.uk)

E.G. immediate risk to life from self or others, sexual assault, medical attention required. Seek advice from UDSL if unsure.

Risk of harm is from another person / people.

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**If an employer/subcontractor has also informed a member of the Professional Work Based Learning Team they will contact the relevant safeguarding lead (**[**following this process**](https://uniofnottm.sharepoint.com/sites/UoNSafeguardingResources)**).**

**Safeguarding Notification for Employers/Sub-contractors of Work Based Learners/Apprentices**

|  |  |
| --- | --- |
| NAME of PERSON reporting the incident |  |
| Other PEOPLE involved in the initial response |  |
| date / time of reporting to university via email |  |

|  |  |
| --- | --- |
| Student details | |
| **Name** |  |
| **Student ID and course** |  |
| **Date of Birth / Age** |  |
| **UG / PGR / PGT / Apprentice**  **Year of Study** |  |
| **Personal Tutor** |  |
| **Programme Leader and Head of School** |  |
| **Address (Term time)** |  |
| **Address (Out of Term)** |  |
| **Phone** |  |
| **Email** |  |

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| --- | --- | --- |
| Details of incident  Include, specific factual information about what has happened and include any injuries / concerns and specific risks. | | |
|  | | |
| **When did this happen?**  Time & Date |  | |
| **Where did this happen?**  Location, including specific address / details. |  | |
| **Who else was present?**  Other staff, students, family or members of the community. |  | |
| **Who was the incident referred to within the University & when? Include name & contact details.**  E.g. Security (for emergencies); Faculty Designated Safeguarding Lead, University Designated Safeguarding lead, etc) | Who reported to | When |
| **Emergency service involvement – who was contacted and if they attended.**  **Include name & contact details where available.** |  | |

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| **I confirm that the student/ apprentice has given permission for this form to be shared with the University:** Yes / No  **Employer’s Signature:**  **Student/Apprentice’s Signature (where appropriate):** |