

Please complete this form if you have a concern. You must complete all the fields marked *.

Remember: if a child is at risk inform the Director at once, or call the police.

Date and time form completed *	
Student first name *	
Sex (M/F) *	
Date of birth (DOB)	
Nationality	
Student ID number	
Name of person noting concern *	
Job title/connection with academy *	
Date and time concern noted *	
Location *	
<p>Concern *</p> <p>Please provide as much details as fully as possible.</p> <p>If reporting a disclosure / allegation, please use this space to describe the exact conversation. Use the other side of this form to write more if necessary</p>	
Signed *	