

**London Young Counselling**

**At Risk form**

This document is to be used where there has been a disclosure of risk about a young person or vulnerable adult.

This document will also be used where they may be an allegation has been made against a member of London Young Counselling staff or volunteer.

Please write only factual information.

A copy of this document must be kept in the clients file and a copy filed with the designated Child Protection Officer.

Copies of any letters/emails written to a third party in relation to this disclosure must be kept with this document.

Date:

Date disclosure was made:

Name of person making the disclosure:

Name of person/counsellor receiving the information about the disclosure:

**Young Person or Vulnerable Adult this disclosure is about.**

Name:

Client Reference Number:

Date of Birth:

School:

**Nature of concern:**

**Complete one of the two sections below.**

Is this a direct disclosure between the two persons named above? Yes/No

Exact details of the disclosure.

Is this an indirect disclosure where there is a belief that there may be abuse? Yes/No

Details of the belief:

**Action required**

What action has been agreed to take this disclosure forward?

Who has this action been agreed between?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By what date will this action have taken place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will follow up that this action has taken place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes of further investigation if applicable.