**Appendix B: Form 1: Disclosure or Suspicion of Abuse**

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| **Name of Individual** |  |
| **Student ID number (if applicable)** |  |
| **School/department of the student** |  |
| **Telephone number of the student** |  |
| **Date and time of disclosure or incident that raised suspicion** |  |
| **Location of disclosure or incident that raised suspicion** |  |
| **Nature of disclosure or incident**Please include as much information as possible, using the continuation sheet if necessary. |  |
| **Name & contact details of any witnesses** |  |
| **Action Taken** |  |
| **Date** | Signed (student involved with the disclosure) |
| **Date** | Name, contact details & signature (person dealing with the disclosure) |

Email the form to: Student Welfare - studentwelfare@uwl.ac.uk

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| **Continuation sheet** |
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