



Appendix B

Notice of Concern Disclosure Form

Learner Name	
DOB	
Learnership Programme	
Company	
Reported By	
Reported to	
Reported Date	

Details/Type of Concern/Disclosure/External Agency referral.	
Action taken.	
Confirm Safeguarding concerns has been raised with DSL	(Y / N)
Follow Up/Outcome	

Authorised by P. Price



Completed By	
Date	

Authorised by P. Price