

Form D1A for the attention of Designated Safeguarding Lead Apollo Theatre

Date	Name of Listener
Date of incident/s	Name and age of child/vulnerable adult

Please use this form to record the words of the person who has come to you to report an incident.

Do NOT ask leading questions.

Do NOT say you will keep any information to yourself.

Do NOT leave any information out.

DO tell them they will be believed and that their information is important.

Please report honestly with no embellishments.

Use the back of this form to make your report. There is additional paper attached if you should need it.

Please remember to record where the incident took place and whether anyone else was present.

Afterwards you will need to contact the DSL by telephone:

Kate Fysh 07708 703677

If she is not available, please contact the deputy DSL by telephone:

Helen Reading 07712 050920

If neither are available, please contact the Theatre Director

Paul Jennings 07545 819528

If you believe the person is in immediate danger, contact the police.

Keep this document in a safe place until you are able to hand it over to a DSL or the police.

Maintain confidentiality about this incident, reporting only to those listed above (DSL/Deputy/Director/Police).

Signature of listener:

Contact the DSL as soon as possible after recording this information.