Phab Nottingham
Charity number 1153383

PHAB NOTTINGHAM
SAFEGUARDING POLICY

Version	Date	Author	Changes Made	Reviewed By	Approved Date
0.1	06/07/2025	Katy Conlon	Policy reviewed. Added section about introduction of references.	Steven Pattison	12/08/2025
0.2	31/07/2026	Emily Atkinson	Policy reviewed. Updated terminology ("Vulnerable Adult/s" to "Adult/s at Risk" - in line with most recent guidance), added additional DSL contacts, added section on Radicalisation and Extremism, and clarified the general safeguarding reporting principles.	Katy Conlon	07/08/2026

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CONTEXT

The Charity Commission states that Charity trustees, staff and volunteers (hereon in "staff") are responsible for ensuring that those benefiting from, or working with, their charity are not harmed in any way through their contact with it. They have a legal duty to act prudently, and this means that they must take all reasonable steps within their power to ensure that this does not happen. It is particularly important where beneficiaries are vulnerable persons or children in the community.
Trustees are expected to find out what the relevant law is, how it applies to their organisation, and to comply with it where appropriate. They should also adopt best practice as far as possible. Children are an especially vulnerable demographic and therefore the Charity Commission is concerned to stress the importance of charities having proper safeguards in place for their protection.

This policy applies to all those involved in Phab Nottingham, be they trustees, management committee staff or volunteers.

The term "child protection" has been changed to "safeguarding" as it reflects the wider responsibility for health and safety and prevention as well as protection from abuse. It may be defined as: doing everything possible to minimise the risk of harm to children, young people and adults at risk. We must be proactive and put measures in place in advance of any contact with children to ensure that children are going to be kept safe.

OUR APPROACH TO SAFEGUARDING

Phab Nottingham endeavours to put safety at the heart of everything we do. As such, we adopt a holistic approach to safeguarding, in that it is woven into every aspect of our governance and activities. This document sets out the key elements of our approach to safeguarding, but much is also contained within our other policies and procedures. As such, this document should be considered in conjunction with the policies and procedures detailed below:

Training: Management committee and volunteer training materials.
Policies & Procedures: Key Documents: Member Safety Policy, Emergency Contact Procedure, Administration of Medication & First Aid Policy, Social Media Policy, Data Protection Policy, Safer Recruitment Policy, Equality & Diversity Policy
Culture: We aim to create an environment where members feel they can talk to us.

DEFINITION OF TERMS

CHILDREN & ADULTS AT RISK

Child: Anyone under the age of 18.

Adult at Risk: A person aged 18 years or over who may be unable to take care of themselves or protect themselves from harm or from being exploited. This may be because they have a mental health issue, a disability, a sensory impairment, are old and frail, or have some form of illness.

DEFINITIONS OF ABUSE

Physical Abuse: Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

Neglect: Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Sexual Abuse: Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes: • encouraging or forcing a child to watch or hear sexual acts

- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.

• meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:
• persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
• persuading or forcing a child to take part in sexual activities via a webcam or smartphone
• having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.

Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

Child Sexual Exploitation: Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Emotional Abuse: Emotional abuse involves:
• humiliating, putting down or regularly criticising a child
• shouting at or threatening a child or calling them names
• mocking a child or making them perform degrading acts
• constantly blaming or scapegoating a child for things which are not their fault
• trying to control a child's life and not recognising their individuality
• not allowing a child to have friends or develop socially
• pushing a child too hard or not recognising their limitations
• manipulating a child
• exposing a child to distressing events or interactions
• persistently ignoring a child
• being cold and emotionally unavailable during interactions with a child
• not being positive or encouraging to a child or praising their achievements and successes.

Domestic Abuse: Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Bullying and Cyberbullying: Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying. Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games • excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Child Trafficking: Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture

• criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect. Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering (Europol, 2011). Child trafficking can also be organised by individuals and the children's own families. Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation. Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

Female Genital Mutilation: Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016). FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Radicalisation and Extremism: Radicalisation is a form of emotional and psychological abuse in which a child or adult at risk is encouraged or coerced into supporting extremist ideologies or terrorism. This may occur through personal relationships, social media, online platforms or other influences. Any concerns that an individual may be vulnerable to radicalisation should be treated as safeguarding concerns and reported in line with this policy.

CONSEQUENCES OF ABUSE

Abuse in all forms can affect a person at any age. The effects are so damaging that, if not tackled, they can affect an individual for the rest of their life. The effects on disabled children/adults at risk may have an increased impact on their lives, as these groups already suffer from many additional disadvantages.

There have been a number of studies which have shown that disabled children are at an increased risk of abuse through various factors, such as stereotyping, prejudice, discrimination, isolation and an inability to protect themselves. They may also have difficulty communicating the fact that abuse has occurred.

SPOTTING THE SIGNS OF ABUSE

Training is provided to support the management committee to spot the signs of abuse.

Spotting the signs of physical abuse:
All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. Injuries that are more likely to indicate physical abuse include:

Bruising
• bruises on babies who are not yet crawling or walking
• bruises on the cheeks, ears, palms, arms and feet
• bruises on the back, buttocks, tummy, hips and backs of legs
• multiple bruises in clusters, usually on the upper arms or outer thighs
• bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
• large oval-shaped bite marks.

Burns or scalds
• any burns which have a clear shape of an object, for example cigarette burns
• burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

Spotting the signs of neglect:
Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem. Some of these signs include: • children who appear hungry - they may not have lunch money or even try to steal food
• children who appear dirty or smelly

• children whose clothes are inadequate for the weather conditions
• children who are left alone or unsupervised for long periods or at a young age
• children who have untreated injuries, health or dental problems
• children with poor language, communication or social skills for their stage of development
• children who live in an unsuitable home environment.

Spotting the signs of sexual abuse:
There may be physical signs that a child has suffered sexual abuse. These include:
• anal or vaginal soreness or itching
• bruising or bleeding near the genital area
• discomfort when walking or sitting down
• an unusual discharge
• sexually transmitted infections (STI)
• pregnancy

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age. For example:
• they could use sexual language or know things about sex that you wouldn't expect them to
• they might become sexually active or pregnant at a young age.

Spotting the signs of child sexual exploitation:
Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:
• go missing from home, care or education
• be involved in abusive relationships
• hang out with groups of older people
• be involved in gangs or anti-social groups
• have older boyfriends or girlfriends
• spend time at places of concern, such as hotels or known brothels
• be involved in petty crime such as shoplifting
• have access to drugs and alcohol
• have new things such as clothes and mobile phones, which they aren't able to easily explain
• have unexplained physical injuries

Spotting the signs of emotional abuse:
There aren't usually any obvious physical signs of emotional abuse but you may spot changes in a child's actions or emotions. Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to

behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development. Babies and pre-school children who are being emotionally abused may:

• be overly-affectionate towards strangers or people they haven't known for very long
• not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
• lack confidence or become wary or anxious
• be unable to play
• be aggressive or nasty towards other children and animals. Older children may:
• use language, act in a way or know about things that you wouldn't expect for their age
• struggle to control strong emotions or have extreme outbursts
• seem isolated from their parents
• lack social skills or have few, if any, friends
• fear making mistakes
• fear their parent being approached regarding their behaviour
• self-harm.

Spotting the signs of domestic abuse:

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around. Children who witness domestic abuse may:

• become aggressive
• display anti-social behaviour
• suffer from depression or anxiety
• not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Spotting the signs of bullying and cyberbullying:

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault. No one sign indicates for certain that a child's being bullied, but you should look out for:

• belongings getting 'lost' or damaged
• physical injuries such as unexplained bruises
• being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
• not doing as well at school
• asking for, or stealing, money (to give to a bully)
• being nervous, losing confidence or becoming distressed and withdrawn
• problems with eating or sleeping
• bullying others.

Spotting the signs of child trafficking:

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. Children who have been trafficked may:
• have to do excessive housework chores
• rarely leave the house and have limited freedom of movement
• not have any documents (or have falsified documents)
• give a prepared story which is very similar to stories given by other children
• be unable or reluctant to give details of accommodation or personal details
• not be registered with a school or a GP practice
• have a history with missing links and unexplained moves
• be cared for by adults who are not their parents or carers
• not have a good quality relationship with their adult carers
• be one among a number of unrelated children found at one address
• receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:
• making multiple visa applications for different children
• acting as a guarantor for multiple visa applications for children
• having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

Spotting the signs of female genital mutilation:
A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:
• a long holiday abroad or going 'home' to visit family
• relative or cutter visiting from abroad
• a special occasion or ceremony to 'become a woman' or get ready for marriage
• a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
• missing school repeatedly or running away from home.

A child who has had FGM may:
• have difficulty walking, standing or sitting
• spend longer in the bathroom or toilet
• appear withdrawn, anxious or depressed
• have unusual behaviour after an absence from school or college
• be particularly reluctant to undergo normal medical examinations
• ask for help, but may not be explicit about the problem due to embarrassment or fear.

It should be noted that this list is not exhaustive and the presence of one or more indicators is not in itself proof that abuse is taking place.

HOW SHOULD YOU ACT ON SAFEGUARDING CONCERNS?

There are three primary 'types' of safeguarding concerns:

- **Disclosure**: Where a member voluntarily describes a scenario to you that may be considered a safeguarding concern.
- **Allegation**: Where an allegation is made about a potential safeguarding breach against a member by a member of staff.
- **Proactive concerns**: Where you identify a potential safeguarding concern based on your observations.

For the first two types, you should follow the steps 2-5 below. For proactive concerns, you should follow step 1 (Recognise) and discuss with a Designated Safeguarding Leads (DSL) before proceeding further. The DSLs will proactively reach out to the Management Committee following an event run by Phab Nottingham to ensure these steps are followed.

5 'R'S APPROACH

1. Recognise (for proactive concerns)

The ability to recognise behaviour that may indicate abuse is of fundamental importance. Those in a position to identify concerns include Phab Nottingham staff. In the event of any proactively identified concern, before commencing any action, unless the child/adult at risk is in immediate danger of further abuse, as the observer you should:

- Complete an **incident report form** detailing your concerns (these trip specific forms are sent out to the management committee the day before an event run by Phab Nottingham);
- Contact the Designated Safeguarding Lead (details below):
    - Where you believe the event requires immediate action, do not delay in taking this action on a trip. If immediate action is not required, complete the incident report form and await advice from a DSL before proceeding.
    - If there is immediate risk or danger to the child/vulnerable adult, contact Police or Social Services as appropriate.

2. Respond

- Signs and symptoms of abuse of young people and/or adults at risk may include direct disclosure/allegations. Appropriate response is vital. No report of or concern about possible abuse should ever be ignored. To determine the most appropriate response, it is necessary to understand the nature of the identified risk/allegation.
- In responding to a disclosure/allegation, the recipient of the information should remain calm, ensure the child is safe and if required seek medical attention.
- Do not lead or probe with questions and if a member decides to pause part way through their disclosure/allegation, they should not be forced to continue. Remain calm and demonstrate interest and concern whilst listening carefully. Inform the person sharing a concern with you that you cannot promise confidentiality. Explain that the concerns they have raised must be recorded and passed on so that possible abuse can be dealt with, and that this will be done on a limited "need to know" basis, with as few others as possible knowing the identity of the complainant.
- Reassure them that they have done the right thing in reporting their concerns and that you will do everything you possibly can to help. Do not make unrealistic promises.
- It may occur that a child/adult at risk wishes to have a third-party friend or parent/guardian/carer present before they will offer any information. This is perfectly acceptable, ensuring the concern is not about this third party. However, great care must be taken not to let the third party speak for the child/adult at risk especially where that person is the child's/adult at risk's parent/guardian or carer. The voice of the child is the priority.

3. Record

- Using the form here, you should record precisely the details of the concern, using the words of the complainant where possible. Your record should use accurate quotations. It should also, if appropriate, include factual observations about the physical and emotional state of the individual sharing their concerns with you.
- You may be unable to record details whilst dealing with the situation; however, you should record details of the incident as soon as possible afterwards to ensure the details are fresh in your mind.
- The form should be stored securely in the designated folder on OneDrive and access should be restricted by password such that only those involved in investigating or dealing with the situation can view the document. All information should be treated as confidential in line with Phab Nottingham's Data Protection Policy.

4. Report

Note: It is not the responsibility of anyone working at Phab Nottingham in a voluntary or paid capacity to decide whether or not abuse is taking place. However, there is a responsibility to protect children to the extent that the appropriate agencies can make inquiries and take any necessary action to protect the child/adult at risk. The Social Services Department has a statutory duty under The Children's Act 1989 to ensure the welfare of a child/adult at risk. When

a child protection referral is made, its staff has a legal duty to investigate. This may involve talking to the child/adult at risk and family/guardian or carer and gathering information from other people who know the child/adult at risk. Enquiries may be carried out jointly with the police.

- Once the form has been completed, it will automatically go to the DSL. In the absence of a DSL, another member of the Board of Trustees will act as DSL for that trip. The Management Committee will be made aware of this before the trip.
- The DSL will make a decision as to the action to take and will refer the concern to the appropriate agency as required. The responsibility for taking any further decisions and/or actions then resides with the agency. The DSL should ensure they receive an acknowledgment of a referral to any agency in order to make certain that the allegation will be dealt with by them.
- In most situations, the DSL will advise talking to parents/guardians or carers to help clarify any initial concerns. For example, if a child/adult at risk seems withdrawn he/she may have experienced bereavement in a family. However, there are circumstances in which a child/adult at risk may be placed at a greater risk if such concerns were shared (e.g. where a parent/guardian or carer may be responsible for the abuse or not able to respond to the situation appropriately). In these circumstances, or where concerns still exist, the DSL will likely report any concerns of abuse to the appropriate agency.
- You may at any time seek advice from a DSL but should keep to an absolute minimum discussion of any concerns with other staff.

GENERAL REPORTING PRINCIPLE

Volunteers, management committee staff and trustees should always report safeguarding concerns, even if they are unsure whether abuse has occurred. It is not the responsibility of volunteers to investigate concerns or determine whether abuse has taken place. Their role is to recognise concerns, record factual information and report these promptly in accordance with this policy.

NOTES ON ALLEGATIONS AGAINST STAFF

Complaints against or concerns about a member of staff should be made directly to a DSL. If the complaint is about one of the DSLs, the alternative DSL should be contacted. They will then contact the Nottingham City Local Authority Designated Officer (LADO) (www.nottinghamcity.gov.uk/lado), and they will decide on any action required.

Phab Nottingham assures all staff that it will fully support and protect anyone who, in good faith, reports his or her concern that a colleague is, or may be, abusing a child/adult at risk.

Where there is a complaint of abuse against staff, there may be 3 types of investigation:

- A disciplinary or misconduct investigation
- A child/adult at risk protection investigation
- A criminal investigation

RECRUITMENT AND SELECTION OF STAFF

Anyone may have the potential to abuse children/adults at risk in some way; it is therefore important that all reasonable steps are taken to ensure unsuitable people are prevented from working with children/adults at risk. It is essential the same procedures be used consistently whether for staff or volunteers. Phab Nottingham is required by law to have all staff and volunteers checked through the Disclosure and Barring Service and opts to require the enhanced check. Furthermore, as per the Safer Recruitment Policy, all volunteers are required to provide two references before starting their voluntary work with the charity.

As per the Member Safety policy, if Phab Nottingham becomes aware that an individual is no longer suitable to work with our members, it reserves the right to stop the individual from attending any future activities associated with the Charity.

Staff, the Management Committee and volunteers should be appropriately trained to recognise safeguarding concerns. It is everyone's responsibility to safeguard our members.

All Trustees and Management committee are required to complete the '**Introduction to safeguarding and child protection training'** provided by the NSPCC. For the Management Committee, this is to be completed before the first trip of each academic year. For all Trustees, this training is required to be renewed every three years as recommended by the NSPCC.

BEST PRACTICE

Promoting good practice can reduce the possibility of potentially abusive situations and help to protect staff from allegations of abuse. The following are specific examples of good practice that Phab Nottingham encourages:

- Avoid situations where staff and an individual child/adults at risk are working completely unobserved. e.g. if assistance is required when toileting/providing personal care, 2 staff should be present (of the same sex where possible).
- If any form of personal care is required, two staff should always be present.
- Where a mixed group of male and female members are involved in an activity, male and female staff should be present.

Phab Nottingham does not permit the following:

- Staff driving members in their own vehicle
- Staff meeting members outside of officially organised Phab activities
- Staff or members engaging in rough, physical or sexually provocative games
- Staff being alone with a member
- Allowing or engaging in any form of inappropriate touching
- Use or allowing the use of inappropriate language
- Making sexually suggestive comments to a member/staff, even in jest
- Allowing allegations made by a member to go unchallenged, unrecorded or not acted upon
- Doing things of a personal nature for children/adults at risk that they can reasonably do for themselves.

DESIGNATED SAFEGUARDING OFFICERS

The Designated Safeguarding Leads are:
Katy Conlon, Chair.
Phone: 07840170693 **Email:** katy.conlon@phabnottingham.co.uk

Pegah Damavandi, General Trustee.
Phone: 07415224053 **Email:** pegah.damavandi@phabnottingham.co.uk

Emily Atkinson, Member Support Lead.
Phone: +46761667638 (WhatsApp) or 07927598226 **Email:**
emily.atkinson@phabnottingham.co.uk

APPENDIX 1: INCIDENT REPORT FORM

Example of incident report form:

https://forms.office.com/Pages/ResponsePage.aspx?id=JRUlo_Y3k0qkpzDFGINKU-yka9YYn9RIi6WtusfigOZUMTQzWFRQNFgxSU82Mzg4RlFFWFM4VDhOVC4u