

Designated Safeguarding Lead Declaration

Provider Details		
Provider Name		
Do you have a designated Safeguarding Lead?	Yes	No
If yes, please complete the information below:		
Name of Designated Safeguarding Lead		
E-mail		
Phone number		
Please give details of any safeguarding training, including Prevent, they have completed (please record most recent first)		
Year	Training	

Completion Details	
Completed By	
Date Completed	
Signature	