Oakbridge Guardians Ltd

Welfare Concern Form

F006
Printable / fillable copy

Record a welfare concern. For urgent risk, contact Oakbridge duty immediately.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

1. Student identification

Do you know the Oakbridge Student ID (OSID)? *

☐ Yes ☐ No

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

If known, enter the 5-digit OSID. New registrations leave this blank.

Student first name *

Student surname *

Preferred name

Date of birth (DD/MM/YYYY) *

School *

2. Concern details

Date of concern (DD/MM/YYYY) *

Type of concern *

Description of concern *

Risk level (Low / Medium / High)

Is there a risk of harm? *

☐ Yes ☐ No

Reason for risk assessment

Urgent support required now? *

☐ Yes ☐ No

3. Who raised this

Your role *

Raised by (who) *

If Other, specify

4. Student voice

Has the student been spoken with about this? *

☐ Yes ☐ No

Spoken with — name

Relationship

Date / time spoken

Student comments

5. Actions

Immediate action taken

Other action taken / planned

Follow-up date (DD/MM/YYYY)

6. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- The information is true to the best of my knowledge.
- I understand Oakbridge may share this with relevant staff / agencies where needed to safeguard the student.

I confirm that I have read, understood and agree to the statements above. *

☐ Yes ☐ No

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *