**THE SAFEGUARDING INITIATIVE AWARD**

**DURING COVID-19**

**School details**

|  |  |  |  |
| --- | --- | --- | --- |
| School Name |  | | |
| School Address |  | Post/Zip Code |  |
| School URN Number |  | | |
| Headteacher Name |  | | |
| Headteacher Email |  | | |
| DSL Name |  | | |
| DSL Email |  | | |
| Facebook Account |  | | |
| Twitter Account |  | | |
| Linked In Account |  | | |

**Nominator**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email |  |
| Telephone |  |

**Please complete all sections of this form and sign and date it below**, otherwise we will be unable to consider your nomination.

If you need any support or would like any further information, please do not hesitate to contact The Safeguarding Alliance. You will be notified within 7 days with the outcome of your nomination.

Please return this form to [info@thesafeguardingalliance.org.uk](mailto:info@thesafeguardingalliance.org.uk)

**Supporting evidence**

Please provide three examples to demonstrate how the school meets the criteria ensuring both the initiative and impact is evidenced:

* How has the school adapted safeguarding policies and procedures during COVID-19;
* How has the school identified vulnerable pupils and ensured that they are kept safe during COVID-19;
* How has the school been innovative in their approach in safeguarding children and young people during COVID-19.

The examples provided can include one or all of the criteria listed above, and should be no more than 500 words per example.

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| --- |
| **Example 1** |
|  |
| **Example 2** |
|  |
| **Example 3** |
|  |

**Consent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the school give permission for the school Logo to be displayed on The Safeguarding Alliance website if successful? | Yes |  | No |  |
| Does the school give permission for The Safeguarding Alliance to publicly recognise the Award through the use of social media platforms if successful? | Yes |  | No |  |
| Would the school like to receive further information about The Safeguarding Alliance? | Yes |  | No |  |
| Do you have authority to give consent for the above? | Yes |  | No |  |

**Signed**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |