**Request for safeguarding information from Visitors**



To be completed by person organising visitor and authorised by Headteacher prior to visit.

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| --- | --- | --- |
| Date(s) of visit: |  | |
| Full name: |  | |
| Name, address and contact details of organisation (please provide e mail address and telephone number): |  | |
| Reason for visit: |  | |
| Member of staff responsible: |  | |
| Does the visitor require DBS? | *DBS IS REQUIRED FOR - Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle only for children. Providing relevant personal care, eg. washing or dressing or health care.* | |
|  | YES/NO | |
| If YES please confirm the individual(s) have Enhanced Disclosure (DBS) with Barring: |  | |
| If so, DBS Certificate no. and date of disclosure. |  | |
| Please detail any medical conditions/specific needs (if applicable): |  | |
| Please detail any further information you wish to provide: |  | |
| Photo identification witnessed: | Yes | No |
| Visitor Handbook given, read and signed for: |  | |

I can confirm that all of the necessary safeguarding checks have been carried out for this activity.

Signed by (member of staff responsible:)

Position:

Approved and signed by D Godfrey:  
(Headteacher)