**Logo, company name

Description automatically generated**

**Reporting of Safeguarding Concerns to MTE**

All providers are required to inform MTE of any concerns that occur on a Mountain Training course that invoke their safeguarding procedures.

Once complete please email to MTE’s Designated Safeguarding Lead; cath@mountain-training.org

|  |  |
| --- | --- |
| **SECTION 1 - Essential details** | Completed by Provider |
| Provider Name |  |
| Provider Mountain Training Number |  |
| Mountain Training Course |  |
| Was it training or assessment? |  |
| Course Director Name |  |
| Course Director Mountain Training ID Number |  |
| Names and MT IDs of other training/assessing staff involved |  |
| Date & Time the concern was reported to you; |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 – Description of concern** | | Completed by Provider | |
| What happened – brief details of the concern; | |  | |
| Actions taken in response to the concern; | |  | |
| Outcome at the time of reporting to MTE; | |  | |
|  | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3 – To be completed by Mountain Training Designated Safeguarding Lead** | |  | |
| Date / Time concern reported to MT | |  | |
| Date this report received | |  | |
| MT DSL Signature |  | Date |  |