|  |  |
| --- | --- |
| Date: |  |
| Date reported to full governing board: |  |
| DSL: |  |
| Deputy DSL: |  |
| Deputy DSL: |  |
| Safeguarding link governor: |  |

|  |  |  |
| --- | --- | --- |
| **Total number of teaching staff** | **Total number of teaching staff who have confirmed they have read part one of KCSIE**  | **Total number of teaching staff who have received annual safeguarding refresher training, including the update to KCSIE**  |
|  |  |  |
| **Total number of support staff** | **Total number of support staff who have confirmed they have read part one of KCSIE**  | **Total number of support staff who have received annual safeguarding refresher training, including the update to KCSIE**  |
|  |  |  |
| **Action to be taken to achieve 100% of staff meeting the requirement to read part one of KCSIE**  |
|  |
| **Action to be taken to achieve 100% of staff receiving annual safeguarding refresher training, including the update to KCSIE**  |
|  |

|  |
| --- |
| **Policy compliance** |
| **Policy** | **Review completed**  | **Changes made** | **Further changes required** | **Person responsible** | **Resources required** | **Date compliance will be achieved** |
| Yes | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Curriculum update** |
| **Curriculum area** | **Review completed**  | **Changes made** | **Further changes required** | **Person responsible** | **Resources required** | **Date compliance will be achieved** |
| Yes | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Training and CPD update** |
| **Training and CPD area** | **Review completed**  | **Changes made** | **Further changes required** | **Person responsible** | **Resources required** | **Date compliance will be achieved** |
| Yes | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Further actions identified** |
| **Action taken** | **Further changes required** | **Person responsible** | **Resources required** | **Date compliance will be achieved** |
|
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Report completed by: |  |
| Role: |  |
| Date: |  |
| Signature: |  |