**SG2: Safeguarding Annual Audit Form**

**Autumn Term 2019**

*The information provided should reflect your Local Authority 175/157 section check. Please return the Schools LA Section check and KCSIE 2019 signature list to* *safeguarding@plymouthcast.org.uk*

***DEADLINE FOR SUBMISSION: Wednesday 6th November 2019***

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| --- | --- | --- |
| **School:** | **Date:** | **Completed by:**  |
| Have you completed your Local Authority Audit Safeguarding Section Check in the last 12 months?***(please attach)*** | Yes  | No  |
| Which Local Authority did you complete your section check with? |  |

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| --- |
| **What actions need to take place after completing the 157/175 section check?** |
| ***Identified safeguarding issue and area***  | ***Action*** | ***Person responsible*** | ***Completion date*** |
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Thank you for completing the document.