**Request for Support- Advanced Designated Safeguarding Lead (ADSL)**

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| **Section 1: (To be completed by the setting requesting support)****School Name:** |
| **Name of person making request:** |  |
| **Position:** |  |
| **Contact:** |  |
| **Identification of key focus areas for support (please indicate below the main priorities for the support and any other relevant contextual information including expectations of time).** |
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| **Section 2: (To be completed by the Schools and Education Safeguarding Coordinator)** |
| **ADSL allocated to support:** |  |
| **Total number of days agreed:** |  |
| **Summary of tasks and timeframe agreed in debrief between Schools and Education Safeguarding Coordinator and allocated ADSL:** |  |

Send to: Claire.Maclean@nottinghamcity.gov.uk