**Disclosure Form**

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| **Your full name**  |  |
| **Persons involved** |  |
| **Date of incident(s)** |  |
| **Time of incident(s)** |  |
| **Location of incident** |  |
| **Brief summary of the incident(s) including any witnesses involved** |  |
| **Anything else you wish to mention** |  |

Please email this completed form to either Ali Mackenzie (Student Welfare Manager) a.mackenzie@cliffcollege.ac.uk or Andrew Stobart (Principal) a.stobart@cliffcollege.ac.uk