



STA Safeguarding Incident Report Form

Your Name:	
Name of Organisation:	
Your Role:	
Address:	
Postcode:	
Telephone Number:	
Email:	

Child's Name:	
Childs Date of Birth:	
Child's Ethnic Origin:	
Does child have a disability?	
Child's Gender:	

Parent's / Carer's Name(s):	
Address:	
Postcode:	
Telephone Number:	
Email:	

Have Parent's / Carer's been notified of this incident?	Yes		No	
<i>If Yes, please provide details of what was said / action agreed:</i>				

Are you reporting your own concerns or responding to concerns raised by someone else?	
Responding to my own concerns	
Responding to concerns raised by someone else	
<i>If responding to concerns raised by someone else, please provide further information below:</i>	

Date and times of incident:	
Details of the incident or concerns: <i>Include other relevant information such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay:</i>	
Child's account of the incident:	

Please provide any witness accounts of the incident:			
Witness Name:			
Position within the club or relationship to the child:			
Date of Birth (if child):			
Address:			
Postcode:			
Telephone Number:			
Email:			
Please provide details of action take to date:			
Has the incident been reported to any external agencies?	Yes		No
<i>If YES, please provide further details:</i>			

Name of Organisation / Agency:	
Contact Person:	
Telephone Number:	
Email:	
Agreed actions or advice given:	

Your Signature:		Print Name:	
Date:			

Contact your organisation's Designated Safeguarding Officer in line with Swimming Teachers Association reporting procedures.

Thomas Blakeway

Designated Safeguarding Officer

Tel: 01922 669450

Email: childprotection@sta.co.uk