



# 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:	

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

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

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

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

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

<b>Your Signature:</b>		<b>Print Name:</b>	
<b>Date:</b>			

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

Designated Safeguarding Officer

Tel: 01922 748642

Email: [childprotection@sta.co.uk](mailto:childprotection@sta.co.uk)