|  |  |
| --- | --- |
| Insert Company Name |  |

Safeguarding Incident Report Form

## Employee Details

|  |  |
| --- | --- |
| Your name: | Click or tap here to enter text. |
| Your role: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Postcode: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

## Person’s Details

|  |  |
| --- | --- |
| Child’s name: | Click or tap here to enter text. |
| Childs date of birth: | Click or tap here to enter text. |
| Child’s ethnic origin: | Click or tap here to enter text. |
| Does child have a disability | Click or tap here to enter text. |
| Child’s gender: | Click or tap here to enter text. |

## Parent’s / Guardian / Carer’s Details

|  |  |  |
| --- | --- | --- |
| Parent’s / guardian / carer’s name(s): | Click or tap here to enter text. | |
| Address: | Click or tap here to enter text. | |
| Postcode: | Click or tap here to enter text. | |
| Telephone number: | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | |
| Have parent’s / guardian / carer’s been notified of this incident? | | Click or tap here to enter text. |
| If yes, please provide details of what was said / action agreed:  Click or tap here to enter text. | | |

## Incident / Concern Details

|  |  |
| --- | --- |
| Are you reporting your own concerns or responding to concerns raised by someone else? | |
| Responding to my own concerns | Click or tap here to enter text. |
| Responding to concerns raised by someone else | Click or tap here to enter text. |
| If responding to concerns raised by someone else, please provide further information:  Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Date and time of incident(s): | Click or tap here to enter text. |
| Details of the incident or concerns: Include other relevant information such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay:  Click or tap here to enter text. | |

|  |
| --- |
| Child’s account of the incident:  Click or tap here to enter text. |
| Please provide any witness accounts of the incident:  Click or tap here to enter text. |

## Witness’s Details

|  |  |  |
| --- | --- | --- |
| Witness name: | Click or tap here to enter text. | |
| Position within the club or relationship to the child: | Click or tap here to enter text. | |
| Date of birth (if child): | Click or tap here to enter text. | |
| Address: | Click or tap here to enter text. | |
| Postcode: | Click or tap here to enter text. | |
| Telephone number: | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | |
| Please provide details of action take to date:  Click or tap here to enter text. | | |
| Has the incident been reported to any external agencies? | | Click or tap here to enter text. |
| If YES, please provide further details:  Click or tap here to enter text. | | |

## Reporting Details

|  |  |
| --- | --- |
| Name of organisation / agency: | Click or tap here to enter text. |
| Contact person: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Agreed actions or advice given:  Click or tap here to enter text. | |

## Declaration

|  |  |
| --- | --- |
| Your signature: | Click or tap here to enter text. |
| Print name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |