**Appendix 1**

**Incident Record Form**

Storage of all documentation/information will be GDPR compliant

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| **Your information** |
| Name  |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Name of organisation/club or session |  | Your role |  |

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|  **Personal information – child / young person/adult at risk** |
| Name  |  | Date of birth |  |
| Is there any information about the child/young person/adult that would be useful to consider? |

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| **Contact information – parent / carer (if applicable)** |
| Name(s)  |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Have they been notified of this incident? | No🞎 |  | Please explain why this decision has been taken |
| Yes🞎 |  | Please give details of what was said / actions agreed |

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| **Incident details\*** |
| Date and time of incident |  |
| Please tick one:  | 🞎 | I am reporting my own concerns. | 🞎 | I am responding to concerns raised by someone else – please fill in their details: |
| Name of person raising concern |  | Role within the sport or relationship to the child |  |
| Contact number(s)  |  |
| Email  |  |
| 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) |

\* Attach a separate sheet if more space is required (e.g. multiple witnesses)

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| **Incident details (continued)** |
| Child/Adults account of the incident |
| Please provide any witness accounts of the incident |
| Name of witness (and date of birth, if a child) |  | Role within the sport or relationship to the child |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Details of any person involved in this incident or alleged to have caused the incident / injury |
| Name (and date of birth, if a child) |  | Role within the sport or relationship to the child |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| **External Action Taken** |
| Has the incident been reported to any external agencies? | 🞎 | No | 🞎 | Yes – please provide further details: |
| Name of organisation / agency |  |
| Contact person  |  |
| Contact number(s)  |  |
| Email  |  |
| Agreed action or advice given |

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| **Internal Action Taken**  |
| Is the incident being monitored internally? | 🞎 | No | 🞎 | Yes – please provide further details: |
| Agreed action or advice given: |
| Staff/volunteer responsible for internal monitoring:  |  |
| Email address:  |  |
| Agreed review date: (if applicable) |  |
| Final Outcome:  |

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| --- |
| **Declaration** |
| Your signature |  |
| Print name |  |
| Today’s date |  |

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| Contact your organisation’s Child Welfare Officer |
|  Safeguarding Officer’s name |  |
| Date reported |  |