**Incident Reporting Form**

If you suspect that a young person/ adult at risk may be being abused, whether physically or emotionally, it is not your responsibility to take control of the situation or to decide whether the abuse is actually taking place. However, you do have a responsibility to inform the appropriate people about your concerns so that they may make enquires and take any action necessary for the well-being of the young person.

However small your concern, you should share it with the Club Welfare Officer who will take responsibility for referring it to the County Welfare Officer/ NGB Safeguarding Officer or other agencies.

Please ensure that confidentiality is maintained as far as possible. Only discuss your concerns on a need to know basis, and do not disclose the identity of those involved unless absolutely necessary.

|  |  |  |
| --- | --- | --- |
| **Details of young person/ adult at risk** | | |
| Name |  | |
| Position |  | |
| Date of Birth/Age |  | |
| Address |  | |
| Telephone Number |  | |
| Name of Carer |  | |
| Contact details for parent/carer |  | |
| Club: |  | |
| County: |  | |
| School: |  | |
| Date concern received: | | |
| Name of person reporting the concern: | |  |
| **Contact details of person reporting concern** | | |
| Name |  | |
| Address |  | |
| Telephone Number |  | |
| Club |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of others involved in concern (if more space needed add on a separate sheet of paper)** | | | |
| **Details of the concern** | | | |
| Date/Time |  | | |
| Location |  | | |
| Persons involved/witnesses: |  | | |
| Nature of concern | | | |
| How did the concern come to your attention? | | | |
| Observations: e.g. changes in behaviour, inappropriate actions, injuries, etc. | | | |
| Record of conversation: Details of exactly what was said to you and by you: | | | |
| Action taken: | | | |
| **Contacts Made** | | | |
| Police | Yes / No | If yes please state |  |
| Contact name and number | | Details of advice received: | |
| Social Services | Yes / No | If yes please state |  |
| Contact name and number | | Details of advice received: | |
| NGB Child Protection officer | Yes / No | If yes please state |  |
| Contact name and number | | Details of advice received: | |
| Local Authority | Yes / No | If yes please state |  |
| Contact name and number | | Details of advice received: | |
| Other (e.g. NSPCC) | Yes / No | If yes please state |  |
| Contact name and number | | Details of advice received: | |
| **Summary** | | | |
|  | | | |
| **Ethnic Group** | | | |
| Please choose the category that best describes the child’s ethnic group from the following list and tick the appropriate box:  White  A1 British □ A2 Irish □ A3 Any other white background □  Mixed  B1 White & Black Caribbean □ B2 White & Black African □ B3 White & Asian □  B4 Any other mixed background □  Asian  C1 Indian □ C2 Pakistani □ C3 Bangladeshi □ C4 Any other Asian background □  Black or Black British  D1 Caribbean □ D2 African □ D3 Any other Black background □  Chinese or Other Ethnic Background  E1 Chinese □ E2 Any other (please write in): | | | |
| **Disability** | | | |
| The Disability Discrimination Act 1995 defines a disabled person as anyone with a “physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day-to-day activities.”  Please choose the description that best describes the nature of the child’s disability and tick the appropriate box.  A Visually impaired □ D Learning disability □  B Hearing impaired □ E Multiple disability □  C Physical disability □ F Other (please write below) | | | |
| You may wish to discuss your concerns with someone outside of the organisation to gain reassurance. The NSPCC Helpline can help with this, and is confidential.  NSPCC Helpline: 0808 800 5000 | | | |