

# Wellingborough Kempo Karate

## Child Protection & Safeguarding



### Child Protection Safeguarding Incident Form

Your name		Name of Club	
Your role			
Your contact details:			
Address		Telephone number(s)	
Postcode		E-mail address	
Child's details:			
Name		Date of birth	
Ethnic origin		Does the child have a disability?	
Gender			
Parent/Guardian details:			
Address		Telephone number(s)	
Postcode		E-mail address	
Has the parent/guardian been notified of this incident?	YES/NO (please delete as appropriate)		
If 'Yes' provide details of what was said and any actions agreed			
Are you reporting your own concerns or responding on behalf of somebody else?	Own concerns/Somebody else (please delete as appropriate)		
If responding to concerns raised by someone else:	<i>Please provide further information below</i>		
Name			
Position within club or relationship to the child			
Telephone number(s)			
E-mail address			
Date and time of incident(s)			

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Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as a fact, opinion or hearsay)

Child's account of the incident

Where there any witness accounts of the incident? YES/NO (please delete as appropriate)

if 'Yes' please answer below supplementary questions

Name	
Position within the club or relationship to the child	
Date of birth (if child)	
Address	
Postcode	
Telephone number(s)	
E-mail address	

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name	
Position within the club or relationship to the child	
Date of birth (if child)	
Address	
Postcode	
Telephone number(s)	
E-mail address	

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Please provide details of action taken to date:	
Has the incident been reported to any external agencies?	YES/NO (please delete as appropriate)
If YES please provide further details:	
Name of organisation/agency	
Contact person	
Telephone number(s)	
E-mail address	
Agreed action or advice given	

Your Signature:		Print name:	
Date:			

**Please contact WKKC Child Protection & Safeguarding Officer in line with reporting procedures.**