Child Protection & Safeguarding



Child Protection Safeguarding Incident Form

Your name		Name of Club			
Your role					
	Your contact details:				
Address		Telephone			
Addices		number(s)			
Postcode		E-mail address	8		
	Child	d's details:			
Name		Date of birth			
Ethnic origin		Does the child have a disabil			
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		Own concerns/Somebody else (please delete as			
responding on behalf of somebody else?		appropriate)			
If responding to con	cerns raised by someone				
else:		Please provide further information below			
Name					
Position within club or relationship to the child					
Telephone number(s)					
E-mail address					

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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)						
f 'Yes' please answer below supplementary ques						
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 injury:	s incident or alleged to have caused the incident /					
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 send this form to safeguarding@englishkaratengb.co.uk and inform your Club's Child Protection Officer of this referral.

If you wish to discuss the referral in advance of submitting it, please speak to your Club's Child Protection Officer or contact the Lead Safeguarding Officer.