



Child Protection Safeguarding Incident Form

Your name		Name of Club				
Your role						
Your contact details:						
Address		Telephone				
		number(s)				
Postcode		E-mail address				
	Child	d's details:				
Name		Date of birth				
		Does the child				
Ethnic origin		have a disabili	tv?			
			, ,			
Gender						
	Parent/G	Parent/Guardian details:				
Address		Telephone				
		number(s)				
Postcode		E-mail address				
	rdian been notified of this		e delete as appropriate)			
incident?						
If 'Yes' provide details of what was said and any						
actions agreed						
		Own concorne/Somobody also (places delete co				
	our own concerns or alf of somebody else?	Own concerns/Somebody else (please delete as appropriate)				
responding on behalf of somebody else? If responding to concerns raised by someone		appropriate)				
else:	······, ······	Please provide further information below				
Name						
Dopition within alub or relationship to the shild						
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 inciden				
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 BIKO Child Protection & Safeguarding Officer in line with reporting procedures.