



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.