NEWBRIDGE RUGBY CLUB INCIDENT REPORT FORM



FOR CHILD PROTECTION CONCERNS

Name of Person Making Report:
Role:
IRFU Registration No.
Contact Details:
Name of Child
Name of Child
DOB of Child:
Name of Parent/Guardian of Child:
Contact Details of Parent:
Are You Making the Report on Behalf of Someone Else?
If So Please Give Their Detail Below:
Name:
Role in the Club:
(i.e. Sports Leader, Volunteer, Parent etc

Please outline the Concern i.e. what was witnessed and or what the child(ren) said:
Date and Time of Incident:
Observations/What Prompted Concerns?
Have the Parents of the Child(ren) Been Informed?
Have External Agencies Been Contacted? (If so give date and time):
Gardai:
Tusla:
Leinster Branch:
IRFI: Other:
other.
Name: Signed:
Date:

Remember to maintain confidentiality on a *need to know* basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.