



# CHILD PROTECTION – INCIDENT REPORT FORM

TO BE COMPLETED BY THE CLUB CHILD PROTECTION OFFICER

Name of club: \_\_\_\_\_

Date incident reported: \_\_\_\_\_

	Person Reporting the Incident	Person Recording the Incident
Name:		
Position in club:		
Knowledge of and relationship to the child:		
Contact address:		
Telephone number(s):	(m) (w)	(m) (w)
Email address:		

### Child's Details:

Name:	
Date of birth / Age	
Male / Female:	
Contact address:	
Telephone Number(s):	(m) (h)
Ethnicity:	
Disability:	

### Incident Details:

Location of incident (if relevant):	Date and time of incident:
Nature of the concern / allegation:	
Detailed information:	
Details of any observations made by you, or to you:	

*NB: Make a clear distinction between what is fact, opinion or hearsay. Remember that you should not lead the person with questions – record actual details. Continue on a separate sheet if necessary.*

Actions taken so far:

**Alleged Abuser's Details (if known):**

Name:	
Date of birth / Age	
Male / Female:	
Relationship with child:	
Contact address:	
Telephone Number(s):	(m) (h)
Ethnicity:	
Disability:	

**External Agencies Contacted:**

<b>Police</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If yes, which:
Date and time:		
Name & Contact number		
Details of advice received:		
<b>Social Services</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If yes, which:
Date and time:		
Name & Contact number		
Details of advice received:		
<b>Motor Sports Association</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If yes, which:
Date and time:		
Name & Contact number		
Details of advice received:		
<b>Other</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If yes, which:
Date and time:		
Name & Contact number		
Details of advice received:		

I acknowledge that the details described are accurate to the best of my knowledge and will remain strictly confidential between the appropriate channels and myself.

Print name:

Signed:

Date: