

# SAMPLE INCIDENT RECORD FORM

## CHILD PROTECTION

<b>Club or Agency:</b>	<i>(Insert Club / Organisation Name)</i>
<b>Your name:</b>	
<b>Your position:</b>	
<b>Child's name:</b>	
<b>Child's address:</b>	
<b>Parents/carers Names &amp; Address:</b>	
<b>Child's date of birth:</b>	
<b>Date and time of any incident:</b>	
<b>Your observations:</b>	
<b>Exactly what the child said and what you said:</b>  (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)	
<b>Action taken so far:</b>	

<b>Designated officer Informed:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>External agencies contacted (date &amp; time)</b>	
<b>Police</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes – which: Name and contact number: Details of advice received:
<b>Social services</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes – which: Name and contact number: Details of advice received:
<b>Sport Governing body</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Name and contact number: Details of advice received:
<b>Local Council or Education Department</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>(If appropriate)</b>	If yes – which: Name and contact number: Details of advice received:
<b>Other (e.g. NSPCC)</b>	Which: Name and contact number: Details of advice received:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**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.**

**NB A copy of this form should be sent to the Gateway Team after the telephone report and to the Governing Body Designated Safeguarding Children’s Officer for monitoring purposes.**