

Incident Reporting Form for Children

Your name:	Name of organisation:
Your role:	
Contact information (you): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Child's name:	Child's date of birth:
Child's ethnic origin:	Does child have a disability:
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Have parents / carers been notify of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i> <i>Name:</i>	

Position within the school or relationship to the child:

Telephone numbers:

Email address:

Date and times of incident:

Details of the incident or concerns:

Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.

Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Postcode:

Telephone number:

Email 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:

Email address:

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

Yes

No

If YES please provide further details:

Name of organisation / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given:

Your Signature:		Print name:	
Date:			

Contact your organisation's Designated Welfare Officer (DWO) in line with your reporting procedures.