**Safeguarding Incident Report Form**

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| **Your Contact Information** *(this will be kept confidentially)* |
| Your first name | Your Surname | Your Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Daytime number | Mobile | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Club Name | Your position in Club | Affiliation Number  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Young Person’s Details** |
| First Name | Surname | Date of Birth/Age |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Male/Female | Ethnic Origin | Any other relevant information |
| Male [ ] Female[ ]  | Click here to enter text. | Click here to enter text. |
| Does the young person have a disability: YES[ ] NO[ ]  – *if yes*, please give details |
| Click here to enter text. |
| Have the Parents/Carers been advised of the incident: YES[ ] NO[ ]  *-* *If Yes*, please provide details of what has been said, and the response given |
| Click here to enter text. |
| Name of Parents/Carers | Surname of Parents/Carers | Home address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Are you reporting your own concerns or responding to concerns raised by someone else |
| Reporting my own concerns 🗆 I am responding to someone else’s concerns 🗆  |
| **If you are responding to someone else’s concerns, please provide their contact information** |
| Person’s first name | Person’s Surname | Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tel No | Email Address | Role in Club |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Incident/Concern Information**  |
| Date of Incident | Time(s) of Incident | Place of Incident |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Incident/Concern – please provide relevant information, what was done or said, and by who, please include description of any injuries** |
| Click here to enter text. |
| Is your concern fact **🗆** opinion **🗆** or hearsay **🗆** |
| **Incident Information – details of person whose behaviour you have concerns about** |
| First Name  | Surname | Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Date of Birth/Age | Contact Number | Email address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Club Name | Position within Club or relationship to the young person |
| Click here to enter text. | Click here to enter text. |
| Young person’s account of the incident |
| Click here to enter text. |
| Please provide any witnesses accounts of the incident |
| Click here to enter text.**de contact details of any witnesses** |
| **Please provide witness(es) contact information** |
| First Name  | Surname | Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Date of Birth/Age | Contact Number | Email address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Club Name | Position within Club, or Relationship to the Young Person |
| Click here to enter text. | Click here to enter text. |
| Has the incident been reported to any external agencies? YES[ ] NO[ ]  *– if yes*, please give details |
| Name of organisation/agency | Contact Person | Contact details |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Agreed action or Advice Given |
| Click here to enter text. |

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| --- | --- | --- |
| **Print name** | **Your Signature** | **Date** |
| Click here to enter text. |  | Click here to enter text. |

Please send this completed form to England Netball’s Lead Child Protection Officer at Head Office: 🖃 **Post**: Netball House, 1-12 Old Park Road, Hitchin, Herts SG5 2JR, *or*

🖳 **email**: besafe@englandnetball.co.uk.