

REPORT FORM FOR RECORDING CONCERNS AND REFERRALS

Complete as much information as possible. If the information relates to one child, fill in as below. If it refers to more than one child, give as much information as you can about each child. **Continue onto a separate sheet if necessary.**

| PERSON/S AGAINST WHOM ALLEGATIONS HAVE BEEN MADE | |
|--|------|
| Full name: | Age: |
| Address: | |
| Postcode: | |
| Phone numbers: | |
| Club: | |
| Position in club: | |

| CHILD INVOLVED (PLEASE COMPLETE SEPARATE FORMS FOR EACH CHILD) | |
|--|---------|
| Full name: | |
| Age/ Date of birth: | Gender: |
| Ethnicity: | |
| Parent or carer name(s): | |
| Address: | |
| Postcode: | |
| Phone numbers: | |
| Child's relationship with the club: | |

| YOUR DETAILS | |
|-------------------|--|
| Full name: | |
| Position in club: | |
| Address: | |
| Postcode: | |
| Phone numbers: | |

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PROVIDE THE DETAILS OF THE INCIDENT OR CONCERNS THAT YOU HAVE, INCLUDING DATES, TIME AND VENUE:

DETAIL EXACTLY WHAT WAS SAID, IF YOUR CONCERNS ARE THE RESULT OF A CHILD SPEAKING TO YOU, INCLUDE DATE, TIME AND VENUE:

HAVE YOU SPOKEN TO THE PARENTS? Yes / No

If yes, provide details of what was said:

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HAVE YOU SPOKEN TO THE CHILD? Yes / No
(If yes, provide details of what was said)

HAVE YOU SPOKEN TO THE PERSON THE ALLEGATIONS ARE BEING MADE AGAINST?
Yes / No (If yes, provide details of what was said)

PROVIDE DETAILS OF FURTHER ACTION TAKEN TO DATE

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HAVE YOU INFORMED THE STATUTORY AGENCIES?

| | | Name of person you spoke to: | Incident Number: |
|------------------------|----------|------------------------------|------------------|
| Police | Yes / No | _____ | _____ |
| Children's Social Care | Yes / No | _____ | _____ |

PROVIDE THE NAME OF THE PERSON YOU HAVE SPOKEN TO AND THEIR CONTACT DETAILS

WERE THERE ANY WITNESSES TO THE INCIDENT OR CAUSE FOR CONCERN? Yes / No
(If yes, provide their name, role, relationship (if any) to the child or others involved and contact details)

PRINT NAME: _____

SIGNATURE: _____

DATE / TIME: _____