

**Appendix 8**

**INCIDENT REPORT FORM**

Northern Ireland Only

|  |  |  |  |  |
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| Incident record form : Child protection | | | | |
| ***Name of Club*** | | | | |
| **Record completed by:** | | | | |
| **Position:** | | | **Date:** | |
| **Child/Young Persons Name:** |  | | | |
| **Child/Young persons Address:** |  | | | |
|  | | | |
|  | | | |
| **Child/Young Persons Date of Birth:** |  | | | |
| **Parents/Carer’s Names and Address:** |  | | | |
|  | | | |
|  | | | |
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|  | | | |
|  | | | |  |
| **Date and time of any incident:** | | Date: Time: | | |
| **Your Observations:** | |  | | |
| **Detail exactly what the child/young person said and what you said :**  (Remember do not lead the child/young person – record actual details. Continue on a separate sheet if necessary) | |  | | |
| **Action taken so far:** | |  | | |
| **Designated Liaison Officer informed?**  **Yes No** | | | | |
| **External Agencies contacted** | | | | |
| **Police**  **Yes No**  **Station**  **contacted:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact no:** |
| **Social Services/Gateway**  **Yes No**  **Branch** **contacted:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact** **number:** |
| **Irish Squash**  **Yes No** | **Details of advice received:** | | | |
| **Name:** |
| **Contact** **number:** |
| **Local Council or Education Department (if appropriate)**  **Yes No**  **Org name:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact** **number:** |
| **Other (e.g. NSPCC)**  **Yes No** | **Details of advice received:** | | | |
| **Name:** |
| **Contact** **number:** |

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**Signature Date**

**Remember to maintain confidentiality on a need to know basis – only if it will protect the child/young person. Do not discuss this incident with anyone other than those who need to know.**

**N.B. A copy of this form should be sent to social services after the telephone report and to the governing body Designated Liaison Officer for monitoring purposes.**

