

**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:** |  |
|  |
|  |
|  |
|  |
|  |  |
| **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.**

