

ALLEGATION/INCIDENT RECORD FORM CHILD PROTECTION

Club or Agency:	
Your name:	
Your position:	
Child's name:	
Child's date of birth:	
Child's address:	
Parents/carers Names and Address:	
Date and time of incident:	
Your Observations:	
Exactly what the child said and what you said: (Remember do not lead the child- record actual details. Continue on separate sheet if necessary)	
Where a report is made by a Parent/Guardian, what did they say:	

Action taken so far:	
Designated Officer Informed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
External agencies contacted (date and time)	
Police <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes-Which: Name and contact number: Details of advice given:
Social Services <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes-Which: Name and contact number: Details of advice given:
Sport Governing body <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and contact number: Details of advice given:
Local Council or Education Department <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes-Which: Name and contact number: Details of advice given:
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Which: Name and contact number: Details of advice given:

Signature

Date

Remember to maintain confidentiality on a need to know basis- only if it will protect the child. Do not discuss the incident with anyone other than those who need to know.

NB a copy of this form should be sent to social services after the telephone report and to the Governing Body Child Protection Officer for monitoring purposes.