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| **Club name (if applicable)** |
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This form should be used to record any safeguarding or welfare incident or concern that is brought to your attention. Details should be recorded as soon and as accurately as possible.

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| **Your Details** |
| **Your name** |  | **Position in club** |  |
| **Address** |  | **BWSW no.** |  |
| **Contact number** |  |
| **Email** |  |
| **Are you reporting your own concerns or responding to concerns raised by someone else:** | * My own concerns
* Concerns raised by someone else
 |
| **If responding to concerns raised by someone else, please provide details of the person who raised the concerns;** |
| **Name** |  | **Position in club** |  |
| **Email** |  | **Contact number** |  |

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| **Details of person the concern is attributed to** |
| **Name** |  | **Position in club** |  |
| **Relationship to young person i.e. coach, volunteer** |  |
| **Have they been notified of the allegation against them?**NB. This should only happen in a case of poor practice, not in a case of suspected child abuse | Yes / No |

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| **Details of young person** |
| **Name** |  | **Sex** |  |
| **DOB** |  | **Age at time of incident** |  |
| **Ethnic Origin** |  | **Any known disability** |  |
| **Parent/carer’s address** |  | **Parent/carer’s contact details** |  |
| **Have the parents/carers been notified of the incident?** | Yes / No |
| **If YES, please provide details of what has been said** |
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| **Details of the incident** |
| **Date / Period** |  | **Time** |  |
| **Please give a brief description of the incident or what has prompted your concerns;** |
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| **If you have spoken to the young person, please give details of what was said and when;** |
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| **If you have spoken to the parent/carer of the young person involved, please give details;** |
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| **Please outline what action has been taken so far;** |
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| **Please indicate if you have been in contact with any other organisations concerning this incident;** |
| **Organisation** | **Y/N** | **Contact Name** | **Contact Number** | **Date** | **Details of advice** |
| **BWSW** |  |  |  |  |  |
| **Police** |  |  |  |  |  |
| **Social Services** |  |  |  |  |  |
| **Local Safeguarding Authority** |  |  |  |  |  |

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| **Signed** |  | **Date** |  |

Remember to maintain confidentiality on a need to know basis. Only disclose information if it will protect the child.

This form should be returned to kim@waterskiandwakeboardscotland.co.uk