



NIJJA

INCIDENT RECORD FORM : SAFEGUARDING/CHILD PROTECTION	
<i>Name of Club</i>	
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:		
<p>Detail <u>exactly</u> what the child/young person said and what you said :</p> <p>(Remember do not lead the child/young person – record actual details. Continue on a separate sheet if necessary)</p>		



Action taken so far:	
NIJJF Welfare Officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
External Agencies contacted	
Police <input type="checkbox"/> Yes <input type="checkbox"/> No Station contacted:	Details of advice received:
Name:	
Contact no:	
Social Services/Gateway <input type="checkbox"/> Yes <input type="checkbox"/> No Office contacted:	Details of advice received:
Name:	
Contact number:	
Sport Governing Body <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name:	
Contact number:	
Local Council/ school (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No Org name:	Details of advice received:
Name:	
Contact number:	
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name:	
Contact number:	

Signed _____

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 NIJJA Welfare Officer for monitoring purposes.