

**CHILD PROTECTION INCIDENT REPORT FORM**

This form must be completed by the Club Official/CPO responsible for children and young people within the Club to record the details of any concerns raised if and when incidents occur. If the incident has been reported to the Police and/or Children's Social Care Services a copy of this form must be sent to them and to the Archery GB CPO within 24 hours of the telephone report. All efforts must be made to keep this information confidential. This information must only be shared with those that need to know if it is in the best interest of the child or young person. Note that where a concern is immediate please make initial contact by telephone on 01952 602792 or 01952 677888. The form must be completed at all levels of concern, even where no immediate action may be necessary.

<b>INCIDENT REPORT FORM</b>	
Name of Child/Young Person concerned (If more than one child complete a separate Incident Report form for each one)	
Age of Child/Young Person	
Date of Birth:	
Child's/Young Person's Home Address including Post Code	
Child's/Young Person's Home Telephone Number:	
Any identified special needs or disability:	
Ethnicity:	
Home/Parent's telephone number:	
Name of Club Child /Young Person attends:	
The nature of the allegation. Include venue, dates, times, any special factors and other relevant information. A description of any visible bruising or other injuries. Also any direct signs, such as behavioural changes (Make a clear distinction between what is fact, opinion or hearsay)	
If concerns were passed on by a third party, supply their details (name, contact number, etc) and record what was said (Continue on a separate sheet if necessary)	
If the child/young person made a direct disclosure, describe the circumstances and record the child or young person's account, if it can be given, of what has happened and how any bruising or other injuries occurred (using their words) (Continue on a separate sheet if necessary)	
Name, role, relationship to the child/young person and contact details (if known) of any	

alleged perpetrator(s):	
Name, role and contact details of any potential witnesses to the alleged incident:	
Have the parents been contacted – if so what was said?	
Any actions – that you have taken – including names and contact numbers of Police, Children's Social Care Services, etc with whom this information has been shared	
Any other additional information	
Your Name:	
Role:	
Contact Number:	
Attachments included:      Yes                      No	
Signature:	
Pass this form on to: _____ in line with your Club/Archery GB procedures	
Please ensure confidentiality and share your concerns on a strictly need-to-know basis, and only in order to protect this child/young person or other children/young people	
You may wish to seek assurance by discussing your concerns with someone outside the Club/Archery GB	
<b>THE NSPCC Helpline provides a free, 24-hour service on 0808 800 50000</b>	