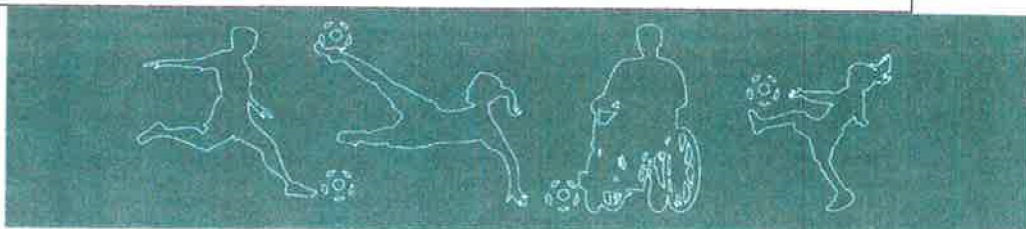




## TW Braga Safeguarding

### SAMPLE INCIDENT REPORT FORM

Name of club/centre:
Name of person completing form:
Your Position
Address:
Child's Name and Date of Birth:
Child's Address:
Date and Time of Incident:
Parents/Guardians names and address:
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)
Action taken so far:



<p>Witness(es) statement if applicable (please continue on a separate sheet if necessary):</p>	
<p>External agencies contacted (date &amp; time)</p>	
<p>Police Yes/No If yes- which:</p>	<p>Name and contact number: Details of advice received:</p>
<p>Health and Social Care Trust Yes/No If yes – which:</p>	<p>Name and contact number: Details of advice received:</p>
<p>Local Council/Education Dept (If appropriate) Yes/No If yes – which:</p>	<p>Name and contact number: Details of advice received:</p>
<p>NSPCC CPSU (Child Protection in Sport Unit) Yes/No</p>	<p>Name and contact number: Details of advice received:</p>
<p>Signature:</p>	
<p>Print name:</p>	
<p>Date:</p>	



**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.**

**NB A copy of this form should be sent to the IFA's Child/Player Welfare Department, if they are involved in the matter, and where appropriate, to the Health and Social Care Trust. If the IFA is not directly involved, it remains good practice to ensure the information is anonymous and forward to the IFA Child/Player Welfare Department for monitoring purposes.**

