

**Incident Report Form**

If there is an incident, you should follow the procedure in the flowchart. (For incidents involving children, please use the Safeguarding Incident Report Form, SCF 04.)

* Contact the emergency services and relevant authorities if necessary.
* For all incidents, fill in two copies of this form. Keep one copy of the form in the incident book and send one copy to the Archery GB Lead Safeguarding Officer.

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| **Referrer’s Details - Organisation information (club, county, region)** |
| Organisation’s name: |
| Name of organisation’s secretary: |
| Address: |
| Phone number: | Mobile: |
| Email address: |

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| **People involved in the incident or alleged to have caused the incident** (use a separate sheet if necessary) |
| Name:  | Date of birth: | Gender:Ethnicity: |
| Address: |
| Contact Details:  | Preferred Tel No: | E-mail: |
| Position in club: |

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| **Details of the Adult (s) at Risk** |
| Name:  | Date of birth  | Gender:Ethnicity: |
| Address: |
| Contact Details:  | Preferred Tel No: | E-mail: |
| Position in club: |

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| **Incident** |
| If you are reporting the concerns raised by someone else, please provide their details below.Name: Phone number: |
| Incident/s details: (Please summarise the incident, including details of any other relevant parties).Clearly identify a list of your safeguarding concerns. |
| Where did it happen (location and address)? |
| How did it happen? |
| When did it happen (time and date)? |
| When was it reported (time and date)? |
| Who was it reported to? | Phone: |
| Who was it reported by? | Phone: |

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| **Witness details** |
| Were there any witnesses?Yes 🞏 No 🞏 | Witnesses’ names and phone numbers |
| Witness 1 |
| Witness 2 |

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| **Action Taken - Incident notification** |
| Has the incident been reported to any outside agencies?Yes 🞏 No 🞏 | Which agency was it reported to? |
| When was it reported (time and date)? |
| Who reported it (name and contact details)? |
| Details of agreed action and advice given: |

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| **Follow-up actions** |
| Recommended follow-up action: |  |
| Was the club, county or region secretary told? Yes 🞏 No 🞏 | When (time and date)? |
| By whom (name and contact details)? |
| Have ourMembership Services been told?Yes 🞏 No 🞏 | When (time and date)? |
| By whom (name and contact details)? |
| Have those involved returned to the sport? Yes 🞏 No 🞏 | If not, why not? |
| Is further action needed to encourage them back into the sport? |

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| **Your details** |
| Signature | Print name | Position  | Date |
| **Organisation official (committee member)** |
| Signature | Print name | Position | Date |

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