

**SAFEGUARDING INCIDENT REPORT FORM**

In the event of a Safeguarding incident, the following procedure must be followed (for incidents that do not involve Children, please use the standard Incident Report Form SCF 003):

* Contact Emergency Services/Relevant Authorities if required.
* For all safeguarding incidents complete this form, keep a copy for the Club records and send a copy to the Archery GB National Lead Safeguarding Officer, as all safeguarding concerns are considered by the Archery GB Case Management Panel (CMP), who will involve external agencies as required.

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| **Organisation Information (Club/County/Region/Academy/Tournament etc)** | | |
| Organisation Name: | | |
| Your name: | | Position: |
| Address | | |
| Tel No: | Mobile: | |
| E-mail: | | |

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| **Child/Young Persons Details** | | | | | | |
| Child’s Name: | | Date of Birth | | Ethnic Origin | Male  Female | 🞏  🞏 |
| Parent/Carer’s Name: | | | | | | |
| Address | | | | | | |
| Tel No: | | | Mobile: | | | |
| Email: | | | | | | |
| Have Parents/Carers been notified:  Yes 🞏 No 🞏 | If yes, please give details of what was said: | | | | | |

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| **Whose concerns are being reported?** | | | |
| Are you reporting your own concerns or responding to concerns raised by someone else? | | | |
| My own concerns  Someone else’s concerns | 🞏  🞏 | If someone else’s concerns, their details: | |
| Name: |  |
| Relationship to the child: |  |
| Position in club: |  |
| Contact details: |  |

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| **Person(s) involved in the incident or alleged to have caused the incident:** | | |
| Name: | Date of Birth: | Male 🞏 Female 🞏 |
| Address: | | |
| Telephone Number: | Mobile: | |
| E-mail address: | Position in Club: | |

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| **Incident Information:** | | |
| What Happened? | | |
| 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? | | Tel No: |
| Who was it reported by? | | Tel No: |
| Any witnesses?  Yes 🞏 No 🞏 | Witness name and contact details: | |
| Witness 1: | |
| Witness 2: | |
| Has the incident been reported to any external agencies:  Yes 🞏 No 🞏 | Which Agency was it reported to? | |
| When was it reported? (time & date): | |
| Who reported it? (name & contact details): | |
| Agreed actions/Advice given: | |
| Child/Young Persons Account of Incident:  (In their own words) | | |

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| **Actions taken and Follow Up Actions** | |
| Actions taken and Recommended follow up action: |  |
| Club/County/Region  Secretary informed?  Yes 🞏 No 🞏 | When? (time & date): |
| By Whom? (name & contact details): |
| Archery GB  Membership Services informed?  Yes 🞏 No 🞏 | When? (time & date): |
| By Whom? (name & contact details): |
| Have those involved returned to the sport?  Yes 🞏 No 🞏 | If not, why not? |
| Is further action required to encourage them back into the sport? |

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| **Additional Information** |
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| **Individual Completing the Form** | | | |
| Signature | Print Name | Position | Date |
| **Organisation Official (Committee Member)** | | | |
| **S**ignature | Print Name | Position | Date |

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