

## Child Protection – Incident Report Form

In the event of a Safeguarding incident, the following procedure must be followed:

- Contact Emergency Services/Relevant Authorities in cases of immediate danger.
- For all safeguarding incidents complete this form, pass the completed form to club Child Protection Officer who will keep a copy for the Club records and share with Scottish Golf’s Safeguarding Team who will support the club in following up on the report.

Person Reporting Incident	
Your name:	Role at club:
Address	
Tel No:	Mobile:
E-mail:	

Child/Young Persons Details (if disclosed, if not disclosed CPO to complete)			
Child’s Name:	Date of Birth	Ethnic Origin	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Carer’s Name:			
Address			
Tel No:		Mobile:	
Email:			
Have Parents/Carers been notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of what was said:		

Whose concerns are being reported?	
Are you reporting your own concerns or responding to concerns raised by someone else?	
My own concerns <input type="checkbox"/>	If someone else’s concerns, their details:
	Name:
	Relationship to the child:
Someone else’s concerns <input type="checkbox"/>	Position in club:
	Contact details:

Person(s) involved in the incident or alleged to have caused the incident:		
Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
Telephone Number:	Mobile:	
E-mail address:	Position in Club:	

**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)

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

Additional Information

Individual Completing the Form			
Signature	Print Name	Position	Date
Organisation Official (Committee Member)			
Signature	Print Name	Position	Date