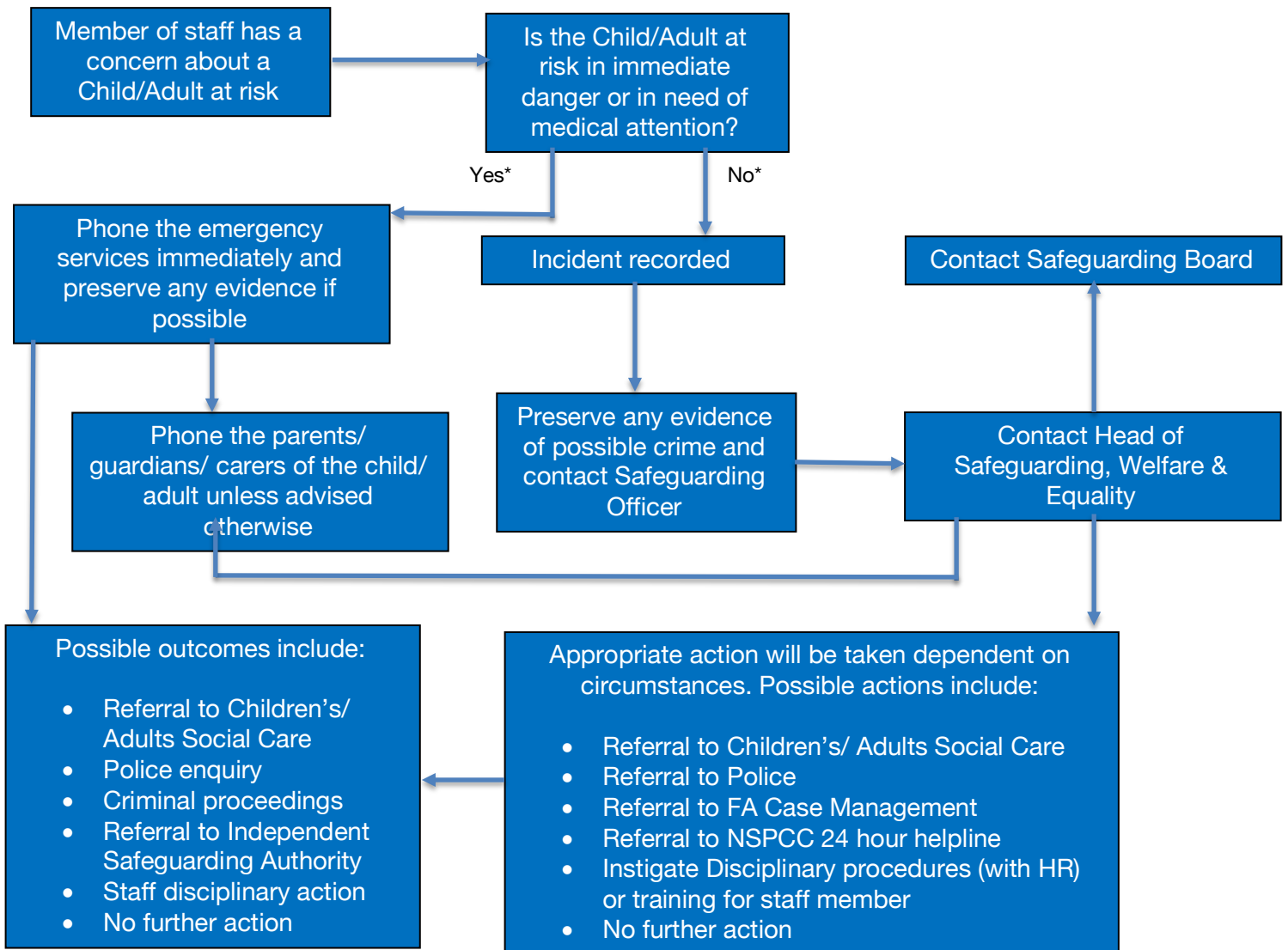




Staff Procedure for reporting Safeguarding concerns



Recording Safeguarding Incident Form

Staff, volunteers and regular visitors are required to complete this form and pass it to their departmental Safeguarding Officer if they have a safeguarding concern about a Child or Adult at risk they have come into contact with.

Full name of child	Date of Birth	School/Team/Session	Your name & position

Nature of Incident:			
Please include where you were when a discourse was made, what you saw, who else was there, what did the child/adult say or do and what you did.			
Was there an injury?	Yes/ No	Did you see it?	Yes/ No
Describe the injury:			
Have you filled in a body map to show where the injury is and its appropriate size?			
Yes/ No			
Was anyone else with you? Who? Their position?			
Who are you passing this information to?			
Name:		Position:	
Date:		Time:	
Your signature:		Date:	

Action taken by Safeguarding Officer:

Safeguarding Officer signature:

Date referred to Head of Safeguarding, Welfare & Equality:

Action taken by Head of Safeguarding, Welfare & Equality:

Report/referral made to...?

Local Authority

Police

Football League

The FA

School/Team /Others

Parents/ Carers

Safeguarding Board

Parents informed? Yes/No (If no, state reason)

Feedback given to...?



Safeguarding
Officer



Safeguarding
Board



Club
H.O.D



Person who
recorded
disclosure



Other

Head of Safeguarding, Welfare & Equality name:

Head of Safeguarding, Welfare & Equality Signature:

Date:

