

Safeguarding Incident Report Form

<i>[Name of Club]</i>	
Record completed by:	
Position:	Date:
Young Person Name:	
Child/Young person's Address:	
Child/Vulnerable Persons Date of Birth:	
Parents/Carer's Names and Address:	

Date and time of any incident:	Date:	Time:
Your Observations:		
Detail <u>exactly</u> what the young person said and what you said : (Remember do not lead the young person – record actual details. Continue on a separate sheet if necessary)		
Action taken so far:		

Designated Liaison Person informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
External Agencies contacted	
Police <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted: <hr/> Name: <hr/> Contact number: <hr/>	Details of advice received:
Social Services <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted: <hr/> Name: <hr/> Contact number: <hr/>	Details of advice received:
Rowing Ireland <input type="checkbox"/> Yes <input type="checkbox"/> No Person contacted: <hr/> Name: <hr/> Contact number: <hr/>	Details of advice received:
Local Council or Education Department (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No Org name: <hr/> Name: <hr/> Contact number: <hr/>	Details of advice received:
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Name: <hr/> Contact number: <hr/>	Details of advice received:

Signature

Date

Remember to maintain confidentiality on a need to know basis this will protect the child/vulnerable adult. Do not discuss this incident with anyone other than those who need to know.

N.B. A copy of this form should be sent to Social Services after the telephone report and to the Rowing Ireland Designated Liaison Person for monitoring purposes.