**[Insert Club Name]**

**Incident Report Form**

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| --- | --- | --- | --- | --- |
| Incident rEPORT form: safeguarding | | | | |
| **Record completed by:** | | | | |
| **Position:** | | | **Date:** | |
| **Child/Vulnerable Persons Name:** |  | | | |
| **Child/Young persons Address:** |  | | | |
|  | | | |
|  | | | |
| **Child/Vulnerable Persons Date of Birth:** |  | | | |
| **Parents/Carer’s Names and Address:** |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Date and time of any incident:** | | Date: Time: | | |
| **Your Observations:** | |  | | |
| **Detail exactly what the child/vulnerable person said and what you said :**  (Remember do not lead the child/ vulnerable person – record actual details. Continue on a separate sheet if necessary) | |  | | |
| **Action taken so far:** | |  | | |

|  |  |
| --- | --- |
| **Designated Safeguarding/Children’s Officer informed?**  **Yes  No** | |
| **External Agencies contacted** | |
| **Police**  **Yes  No**  **Branch  contacted:** | **Details of advice received:** |
| **Name:** |
| **Contact**  **number:** |
| **Gateway Team/HSE**  **Yes  No**  **Branch contacted:** | **Details of advice received:** |
| **Name:** |
| **Contact number:** |
| **Rowing Ireland**  **Yes  No**  **Person contacted:** | **Details of advice received:** |
| **Name:** |
| **Contact number:** |
| **Local Council or Education Department (if appropriate)**  **Yes  No**  **Org name:** | **Details of advice received:** |
| **Name:** |
| **Contact number:** |
| **Other (e.g. NSPCC)**  **Yes  No** | **Details of advice received:** |
| **Name:** |
| **Contact number:** |

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Signature Date

**Remember to maintain confidentiality on a need to know basis – only if it will protect the child/young person. 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 Safeguarding/Children’s Officer for monitoring purposes.**