**[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****Branchcontacted:** | **Details of advice received:** |
| **Name:** |
| **Contactnumber:** |
| **Rowing Ireland**[ ]  **Yes [ ]  No****Personcontacted:** | **Details of advice received:** |
| **Name:** |
| **Contactnumber:** |
| **Local Council or Education Department (if appropriate)**[ ]  **Yes [ ]  No****Org name:** | **Details of advice received:** |
| **Name:** |
| **Contactnumber:** |
| **Other (e.g. NSPCC)**[ ]  **Yes [ ]  No** | **Details of advice received:** |
| **Name:** |
| **Contactnumber:** |

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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.**