

Safeguarding Incident Report Form



**ROWING
IRELAND**

INCIDENT RECORD FORM : SAFEGUARDING	
<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:	
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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:	Details of advice received:
Name:	
Contact number:	
Social Services <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted:	Details of advice received:
Name:	
Contact number:	
Rowing Ireland <input type="checkbox"/> Yes <input type="checkbox"/> No Person contacted:	Details of advice received:
Name:	
Contact number:	
Local Council or Education Department (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No Org name:	Details of advice received:
Name:	
Contact number:	
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	Details of advice received:
Contact number:	

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.