

**SAFEGUARDING INCIDENT REPORT FORM**

In the event of a Safeguarding incident, the following procedure must be followed (for incidents that do not involve Children, please use the standard Incident Report Form SCF 003):

* Contact Emergency Services/Relevant Authorities if required.
* For all safeguarding incidents complete this form, keep a copy for the Club records and send a copy to the Archery GB National Lead Safeguarding Officer, as all safeguarding concerns are considered by the Archery GB Case Management Panel (CMP), who will involve external agencies as required.

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| **Organisation Information (Club/County/Region/Academy/Tournament etc)** |
| Organisation Name: |
| Your name: | Position: |
| Address |
| Tel No: | Mobile: |
| E-mail: |

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| **Child/Young Persons Details** |
| Child’s Name: | Date of Birth | Ethnic Origin | MaleFemale | 🞏🞏 |
| Parent/Carer’s Name: |
| Address |
| Tel No: | Mobile: |
| Email: |
| Have Parents/Carers been notified:Yes 🞏 No 🞏 | If yes, please give details of what was said:  |

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| **Whose concerns are being reported?** |
| Are you reporting your own concerns or responding to concerns raised by someone else? |
| My own concerns Someone else’s concerns  | 🞏🞏 | If someone else’s concerns, their details: |
| Name: |  |
| Relationship to the child: |  |
| Position in club: |  |
| Contact details: |  |

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| **Person(s) involved in the incident or alleged to have caused the incident:** |
| Name:  | Date of Birth:  | Male 🞏 Female 🞏 |
| Address: |
| Telephone Number: | Mobile: |
| E-mail address: | Position in Club: |

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| **Incident Information:** |
| What Happened? |
| Where did it happen? (location and address): |
| How did it Happen? |
| When did it happen? (time and date) |
| When was it reported? (time and date) |
| Who was it reported to? | Tel No: |
| Who was it reported by? | Tel No: |
| Any witnesses?Yes 🞏 No 🞏 | Witness name and contact details: |
| Witness 1: |
| Witness 2: |
| Has the incident been reported to any external agencies:Yes 🞏 No 🞏 | Which Agency was it reported to? |
| When was it reported? (time & date): |
| Who reported it? (name & contact details): |
| Agreed actions/Advice given: |
| Child/Young Persons Account of Incident:(In their own words) |

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| **Actions taken and Follow Up Actions** |
| Actions taken and Recommended follow up action: |  |
| Club/County/Region Secretary informed? Yes 🞏 No 🞏 | When? (time & date): |
| By Whom? (name & contact details): |
| Archery GB Membership Services informed?Yes 🞏 No 🞏 | When? (time & date): |
| By Whom? (name & contact details): |
| Have those involved returned to the sport?Yes 🞏 No 🞏 | If not, why not? |
| Is further action required to encourage them back into the sport? |

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| **Additional Information** |
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| **Individual Completing the Form** |
| Signature | Print Name | Position  | Date |
| **Organisation Official (Committee Member)** |
| **S**ignature | Print Name | Position | Date |

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