

KENT PETANQUE ASSOCIATION SAFEGUARDING INCIDENT REPORT FORM

Your Name

Your Role

Your contact information – address, telephone numbers and email address

Child/Vulnerable Adult Name – Date of Birth or Age

Ethnic Origin

Disability

Gender M

F

Other

Parents/Guardian name/s

Have parents/Guardian been notified about this incident Yes No

If yes, please provide details of what was said/action agreed

Are you reporting your own concerns or responding to concerns raised by someone else?

If responding to concerns raised by someone else, please provide details

Name

Position in the sport

relationship to child/vulnerable adult

Telephone numbers and email address

Wish to remain anonymous

Date and time of incident

Details of the incident/concern

Child/vulnerable adult account of incident/concern

Please provide Witness account of incident

Position in club and relationship to child/vulnerable adult

Contact details of witnesses (date of birth if a child)

Provide details of any person involved in this incident or alleged to have caused the incident or injury

Position within the club

Relationship to the child

Address and telephone numbers/email address

Details of action taken to date

Has the incident/concern been reported to any external agencies? If so, please provide details and contact name/email address:

Agreed action and/or advice given

Your signature _____

Print name _____

Date _____

Contact your organisation's designated Safeguarding Officer in line with reporting procedures