Safeguarding Incident Referral Form





This form should be used to record any safeguarding or welfare incident or concern that is brought to your attention. Details should be recorded as soon and as accurately as possible.

Club name (if applicable)								
Your Details								
Your name		Position in club						
Address		BWSW no.						
		Contact number						
		Email						
Are you reporting your own concerns or responding to		☐ My own concerns						
	l by someone else:	☐ Concerns raised by someone else						
If responding to concerns raised by someone else, please provide details of the person who raised the concerns								
Name		Position in club						
Email		Contact number						
Details of pers	son the concern is attributed to							
Name		Position in club						
	young person i.e. coach, volunteer							
	notified of the allegation against them?	Yes / No						
NB. This should only happen in a case of poor practice, not in a case of suspected child abuse		res / NO						
	·							
Details of you	ng person							
Name		Sex						
DOB		Age at time of						
		incident Any known						
Ethnic Origin		disability						
,								
Parent/carer's address		Parent/carer's contact details						
aaa. 633								
Have the paren	ts/carers been notified of the incident?	Yes / No						
If YES, please provide details of what has been said								

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Details of the incid	ent						
Date / Period			Time				
Please give a brief description of the incident or what has prompted your concerns;							
If you have spoken to the young person, please give details of what was said and when;							
ii you nave spoken to	o the you	ing person, please giv	e details of what was s	alu allu Wileli	,		
If you have spoken to the parent/carer of the young person involved, please give details;							
Disease subline what estion has been taken as for.							
Please outline what action has been taken so far;							
Please indicate if y		been in contact wi	th any other organisa	ations concer			
Organisation	Y/N	Contact Name	Contact Number	Date	Details of advice		
BWSW							
Police							
Social Services							
Local Safeguarding Authority							
Signed				Date			

Remember to maintain confidentiality on a need to know basis. Only disclose information if it will protect the child.

This form should be returned to $\underline{\text{kim@waterskiandwakeboardscotland.co.uk}}$