



## CHILDREN'S SAFEGUARDING INCIDENT REPORT FORM

Your name:	Name of organisation:
Your role:	
Contact information (you): Address: <span style="float: right;">Postcode:</span> Telephone numbers: Email address:	
Child's name:	Child's date of birth:
Child's ethnic origin:	Does child have a disability?
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx <input type="checkbox"/> Self-describe	
Parent's / carer's name(s):	
Contact information (parents/carers): Address: <span style="float: right;">Postcode:</span> Telephone numbers: Email address:	
Have parent's / carer's been notified of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i>	
Name:	
Position within the sport or relationship to the child:	
Telephone numbers:	Email address:
Date and times of incident:	
Child's account of the incident:	
Please provide details of any witnesses to the incident: Name: Date of birth (if child): Address: <span style="float: right;">Postcode:</span>	



<i>Telephone number:</i>		<i>Email address:</i>	
Please provide details of any person involved in this incident or alleged to have caused the incident / injury: <i>Name:</i>  <i>Position within the club or relationship to the child:</i>  <i>Date of birth (if child):</i>  <i>Address:</i> <i>Telephone number:</i>			
		<i>Postcode:</i> <i>Email address:</i>	
Please provide details of action taken to date:			
Has the incident been reported to any external agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES please provide further details:			
<i>Name of organisation / agency:</i>  <i>Contact person:</i>  <i>Telephone numbers:</i>  <i>Email address:</i>  <i>Agreed action or advice given:</i>			

<b>Your Signature:</b>		<b>Print name:</b>	Thomas Williams
<b>Date:</b>			

Contact your organisation's HEAD OF SAFEGUARDING in line with SWANSEA CITY ASSOCIATION FOOTBALL CLUB'S reporting procedures.