Safeguarding Reporting Form – Child (U18)

If you suspect that a club member under the age of 18 may be being abused, it is not your responsibility to take control of the situation or to decide whether the abuse is actually taking place. However, you do have a responsibility to inform the appropriate people about your concerns so that they may make enquires and take any action necessary for the well-being of the child.

However small your concern, you should share it with the Club Safeguarding Officer who will take responsibility for referring it to the County Safeguarding Officer/ NGB Safeguarding Officer or other agencies. Please ensure that confidentiality is maintained as far as possible. Only discuss your concerns on a need-to-know basis, and do not disclose the identity of those involved unless absolutely necessary.

Name of Club/County:	Date:
Section 1 – Person completing this fo	rm
Name:	
Position in Club/County:	
Address (optional):	
Contact telephone number(s):	E-mail:
Section 2 - Details of person concern	ed (alleged victim)
Name:	
DOB: (if known) or estimate	ted age
Address:	
Contact telephone number(s):	E-mail:
Next of Kin/Carers:	
Have they been informed/aware of the si	ituation Yes/No:
Section 3 – Details of alleged perpetra known	ator against whom the allegation is made if
Name:	
DOB: (if known) or estimate	ted age
Position in the Club/County if applicable:	
Address:	
Contact telephone number(s):	E-mail:









Section 4 – The incident/concern

Date of incident:	Time	
Place of incident:		
Did anyone observe the incident/o Give details of the person(s) pres		
Name:		
Position in Organisation:		
Contact telephone number(s):	E-mail:	
If you have further names, please	complete on a separate sheet of p	paper
Nature of Concern, please tick		
Bullying	Child sexual exploitation	Child trafficking
Cyber Bullying	Discrimination	Domestic abuse
Emotional or Psychological	Female genital mutilation	Financial
Forced Marriage	Grooming	Hate Crime
Modern Slavery	Neglect	Non-recent abuse
Online abuse	Organisational	.Physical abuse
Radicalisation	Self-neglect	Sexual abuse
Other		
What was observed including deta treatment received. Continue on se	ails of any abusive language, injuri eparate sheet if necessary.	es sustained and
Record of Conversations using th	e TED technique, such as T ell me	what happened, Explain
to me what happened, or D escrib	e to me what happened? Continue o	n separate sheet if necessary











Section 5 – Action taken

You may wish to discuss your concerns with someone outside of the organisation to gain reassurance. The NSPCC Child Protection in Sport Unit (CPSU) Helpline can help with this and is confidential.

CPSU informed - Helpline: 0116 366 5580, Yes/No
,
Police informed:Yes/No
If yes, give name of the police officer:
Phone/e-mail contact details:
Crime number if known:
Was Medical assistance required: Yes/No
If yes, give details:
Parent/Carer informed Yes/No
Social Services informed: .Yes/No
If yes name of social worker:
Phone/e-mail contact details:
NGB Safeguarding Officer informed: Yes/No
If yes, give name of the safeguarding officer:
3
Signed:Date:

Please send a copy to the NGB Safeguarding Officer











Section 6

Ethnic Group				
Please choose the category that best describes the alleged victim's ethnic group from the following list and tick the appropriate box:				
White A1 British □ A3 Any other white background □	A2 Irish □			
Mixed B1 White & Black Caribbean □ B3 White & Asian □	B2 White & Black African □ B4 Any other mixed background □			
Asian C1 Indian □ C3 Bangladeshi □	C2 Pakistani □ C4 Any other Asian background □			
Black or Black British D1 Caribbean □ D3 Any other Black background □	D2 African □			
Chinese or Other Ethnic Background E1 Chinese □	E2 Any other (please write in):			
Disability				
The Equality Act 2010 defines a disabled person as anyone with a "physical or mental				

The Equality Act 2010 defines a disabled person as anyone with a "physical or mental impairment that has a "substantial" and "long term" negative effect upon their ability to carry out normal daily activities."

Please choose any impairments that the alleged victims may have by ticking the appropriate box.

Vision (due to blindness or partial sight)	
Mobility (difficulty walking short distances, climbing stairs etc)	
Hearing (due to deafness or partial hearing)	
Learning or concentrating or remembering	
Mental Health	
Stamina or breathing difficulty	
Social or behavioural issues (such as Autism or Asperger's' Syndrome)	
Difficulty speaking or making yourself understood	
Other please state	







