

Safeguarding Reporting Form – Adult Victim (18+)

If you suspect that an adult club member 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 individual.

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 form

Name:

Position in Club/County:

Address (optional):

Contact telephone number(s): E-mail:

Section 2 – Details of alleged victim

Name:

DOB: (if known) or estimated age

Address:

Contact telephone number(s): E-mail:

Next of Kin/Carers:

Have they been informed/aware of the situation Yes/No:

Section 3 – Details of alleged perpetrator against whom the allegation is made if known

Name:

DOB: (if known) or estimated 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/concern: Yes/No

Give details of the person(s) present

Name:

Position in Organisation:

Contact telephone number(s): E-mail:

If you have further names, please complete on a separate sheet of 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 details of any verbal abusive language, injuries sustained and treatment received. Continue on separate sheet if necessary.

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Record of Conversations using the TED technique, such as **T**ell me what happened, **E**xplain to me what happened, or **D**escribe to me what happened? Continue on separate sheet if necessary

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Section 5 – Action taken

You may wish to discuss your concerns with someone outside of the organisation to gain reassurance. The Ann Craft Trust (ACT) Helpline can help with this and is confidential.

ACT informed - Helpline: 01708 765200, www.supportline.org.uk 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:

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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 ☐

A2 Irish ☐

A3 Any other white background ☐

Mixed

B1 White & Black Caribbean ☐

B2 White & Black African ☐

B3 White & Asian ☐

B4 Any other mixed background ☐

Asian

C1 Indian ☐

C2 Pakistani ☐

C3 Bangladeshi ☐

C4 Any other Asian background ☐

Black or Black British

D1 Caribbean ☐

D2 African ☐

D3 Any other Black background ☐

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 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