BCA Safeguarding incident reporting form

This form is best completed on a computer – this will allow you to expand any boxes where you need more room.

Although this form refers to children, it should also be used to report safeguarding incidents related to vulnerable adults.

Note: if criminal action is suspected, **do not investigate or conduct any interviews**. Instead, contact the police or social services and send this form to the BCA's safeguarding officer with as much detail as you can.

Your name:	Name of club:
Your role in the club:	
Your address:	Postcode:
Your telephone numbers:	
Your email address:	
Child's name:	
Child's date of birth, or state their age if DOB no	t known
Does child have a disability:	
Child's gender:	
Parent's / carer's name(s):	
Parent's/carer's address:	Postcode:
Telephone numbers:	
Email address:	
Have parents / carers been notified of this incident? ☐ Yes	
□ res □ 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:	
 □ Responding to my own concerns □ Responding to concerns raised by someone else 	
If responding to concerns raised by someone else: Please provide further information below	
Name:	·
Position within the sport or relationship to the child:	
Telephone numbers:	
Email address:	
Date and times of incident:	
Details of the incident or concerns:	
Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.	

Child's account of the incident:		
Please attach any witness accounts of the incident as a separate document		
Please provide details of any witnesses to the incident: Name:		
Position within the clu	ub or relationship to the child:	
Date of birth (if child)	:	
Address:	Postcode:	
Telephone number:	Email address:	
Please provide detail Name:	s of any person involved in this incident or alleged to have caused the incident / injury:	
Position within the club or relationship to the child:		
Date of birth (if child)	:	
Address:	Postcode:	
Telephone number:	Email address:	
Please provide detail	s of action taken to date:	
Has the incident been reported to any external agencies?		
□ Yes □ No		
If YES please provide further details:		
Name of organisation / agency:		
Contact person:		
Telephone numbers:		
Email address:		
Agreed action or advice given:		
Your Signature:	Print name:	
Data		
Date:		

Please forward this form to the BCA's safeguarding officer