

CHILD PROTECTION REPORT FORM

CLUB/ASSOCIATION:	
DATE OF INCIDENT:	
TIME OF INCIDENT:	
MEMBER COMPLETING THIS FORM:	
SIGNED:	
DATED:	

<u>Club/Association:</u>
<u>Your Name:</u>
<u>Your Position:</u>
<u>Child's Name:</u>
<u>Child's Address:</u>
<u>Child's Date of Birth:</u>
<u>Parent's Name:</u>
<u>Parent's Address:</u>

<u>Nature of Concern:</u>

<u>Your Observations:</u>

Exactly what the child said and what you said:

(Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)

Action Taken So Far:

External Agencies Contacted: (Date & Time):

Police Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which:
	Name:
	Contact Number:
	Details of Advice received:
Social Services Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which:
	Name:
	Contact Number:
	Details of Advice received:

Local Authority Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which:
	Name:
	Contact Number:
	Details of Advice received:

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BKA Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
	Contact Number:
	Details of Advice received:

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Other (e.g. NSPCC) Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which:
	Name:
	Contact Number:
	Details of Advice received:

FOR CLUB/ASSOCIATION USE ONLY (NB Please copy to Association/ BKA)	
Date Form received:	
Signed:	
Club/Association Chair/Secretary:	