

APPENDIX 11

Incident Report Form

Name of Child/Adult at risk: _____ Age/D.O.B.: _____
Parent/Carer's Name: _____
Home Address: _____
Telephone Number: _____

Are you reporting your own concerns or passing on those of someone else? Give details of witnesses.

Brief description of the concerns: include date, time, location etc. of specific incidents

Any physical signs? Behavioural Signs?

Have you spoken to the child/Adult at risk? If so what was said?

Have you spoken to the parent(s)? If so, what was said?

Has anyone been alleged to be the abuser? If so give details, including the relationship with the child. Have you consulted with anyone else? Give details.

Your name/position: _____

To whom reported and date of reporting? Give contact information for future reference.

Signature: _____

Date: _____

Forward this form to:

Nicola Cole
Lead Safeguarding Officer
e mail: admin@welshkarate.org.uk
(e mail is the preferred means of correspondence)

Welsh Karate Governing Body registered office
63 Ashcroft Crescent
Fairwater
Cardiff
CF5 3RL

(Note any paper correspondence to be marked private and confidential.)