

APPENDIX 12

Safeguarding Incident Template Reporting Form



Name: _____

Name of Club: _____

Role: _____

Contact Information (you): Address:

Eir/Postcode: _____

Telephone numbers: _____

Email address: _____

Child's Name: _____

Child's DOB: _____

Is there any additional, relevant information to add?

If yes, please state:

Child's Gender: _____

Parent's / carer's name(s): _____

Contact Information (parents/carers): Address:

Eir/Postcode: _____

Telephone numbers: _____

Email address: _____

Have parent's / carer's been notified of this accident / incident?

Yes 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: *(Please Circle)*

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 accident / incident:

Details of the accident / incident or concerns:

Include other relevant information, such as description of any injuries and whether you are recording this accident / incident as fact, opinion or hearsay. Child's account of the accident / incident:

Please provide any witness accounts of the accident / incident:

Please provide details of any witnesses to the accident / incident: Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Eir/Postcode: _____

Telephone number: _____

Email address: _____

Please provide details of any person involved in this accident / incident or alleged to have caused the accident / incident / injury:

Name: _____

Position within the club or relationship to the child: _____

Date of birth (if child): _____

Address: _____

Eir/Postcode: _____

Telephone number: _____

Email address: _____

Has the IABA DLP been informed or consulted, please note any advice given or action taken.

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: _____

Date: _____

Print name: _____