Safeguarding Incident or Concern Report Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Contact Information** *(this will be kept confidentially)* | | | |
| Your first name | Your Surname | Your Address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Daytime/Mobile number | Email Address | Affiliation Number as on ENgage | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Club / League Name, or other | Your position /role in netball | Club Chair’s Name | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Young Person’s Details** | | | |
| First Name | Surname | Date of Birth/Age | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Male/Female | Ethnic Origin if known-drop down list | Protected Characteristics (drop list) | |
| Male Female | White British | Protected Characteristics | |
| If the young person has a disability, please give details | | | |
| Click here to enter text. | | | |
| Name of School (if known) | Contact at School (if known) | Tel No of School (if known) | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Have the Parents/Carers been advised of the incident: YESNO *-*  *If Yes*, please provide details of what has been said, and the response given | | | |
| Click here to enter text. | | | |
| First Name of Parents/Carers | Surname of Parents/Carers | Home address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Parents/ Carers Tel No | Parents/Carers Email address | Any other information | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Are you reporting your own concerns or responding to concerns raised by someone else | | | |
| Reporting my own concerns 🗆 I am responding to someone else’s concerns 🗆 | | | |
| **If you are responding to someone else’s concerns, please provide their contact information** | | | |
| Person’s first name | Person’s Surname | Address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Tel No | Email Address | Role in netball & Affiliation No (if known) | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Incident/Concern Information** | | | |
| Date of Incident | Time(s) of Incident | Place of Incident | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Incident/Concern – please provide relevant information, what was noticed, what was done or said, by who, please include description of any injuries and other relevant information** | | | Was Social Media involved (drop list) |
| Type of Social Media |
| Click here to enter text. | | | |
| Is your concern fact  opinion  or hearsay | | | |
| **Incident Information – details of person whose behaviour you have concerns about** | | | |
| First Name | Surname | Address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Date of Birth/Age | Contact Number | Email address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Club Name & affiliation no if known | Role(s) within Netball, or relationship to the young person | | |
| Click here to enter text. | Click here to enter text. | | |
| Young person’s account of the incident | | | |
| Click here to enter text. | | | |
| Please provide any witnesses accounts of the incident | | | |
| Click here to enter text. | | | |
| **Please provide witness(es) contact information** | | | |
| First Name | Surname | Address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Date of Birth/Age | Contact Number | Email address | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Club Name | Position(s) within netball, or Relationship to the Young Person | | |
| Click here to enter text. | Click here to enter text. | | |
| Has the incident been reported to any external agencies? YESNO *– if yes*, please give details | | | |
| Name of organisation/agency | Contact Person | Contact details | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Date of Report | Agreed action or Advice Given by external agency | | |
| Click here to enter text. | Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| **Print name** | **Your Signature** | **Date** |
| Click here to enter text. |  | Click here to enter text. |

Thank you for completing this form.

Please send it to England Netball’s Lead Child Protection Officer at England Netball Head Office:

🖳 **email**: [besafe@englandnetball.co.uk](mailto:besafe@englandnetball.co.uk), *or*

🖃 **Post**: England Netball, SportPark, 3 Oakwood Drive, Loughborough LE11 3QF