

Billings Rhythmic Gymnastics Club incident reporting form

Your name:	Name of organisation:
Your role:	
Contact information (you):	
Address:	Postcode:
Telephone numbers:	Email address:
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
Address:	Postcode:
Telephone numbers:	Email address:
Have parent's / carer's been notify of this incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i>	
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: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	
Child's account of the incident:	

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

<i>Name:</i>	
<i>Position within the club or relationship to the child:</i>	
<i>Date of birth (if child):</i>	
<i>Address:</i>	<i>Postcode:</i>
<i>Telephone number:</i>	<i>Email address:</i>
Please provide details of any person involved in this incident or alleged to have caused the incident / injury:	
<i>Name:</i>	
<i>Position within the club or relationship to the child:</i>	
<i>Date of birth (if child):</i>	
<i>Address:</i>	<i>Postcode:</i>
<i>Telephone number:</i>	<i>Email address:</i>
Please provide details of action taken to date:	
Has the incident been reported to any external agencies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES please provide further details:	
<i>Name of organisation / agency:</i>	
<i>Contact person:</i>	
<i>Telephone numbers:</i>	
<i>Email address:</i>	
<i>Agreed action or advice given:</i>	

Your Signature:		Print name:	
Date:			

Contact your organisation's Designated Safeguarding Officer in line with (insert your organisations names) reporting procedures.