PELICANS.H.C

Est.1920

Safeguarding Incident reporting form

UPDATED JAN 2019

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Incident Reporting Form:

Your club/organisation's name:

Your Details	
First name:	Surname:
Position in club/organisation:	
Home Address: Postcode:	
Daytime contact number:	Evening contact number:
Email address:	

Concern
Please give a brief description of the concern (include dates, times, venue etc.)
Have you spoken to the young person(s)? Please provide details

Concern
What is the relationship between the young person and the accused?
Have you spoken to the parent/carer of the young person(s) involved? Action taken so far:

Details of young person	
First name:	Surname:
Male/Female:	
Parent/legal guardian name:	Parent/legal guardian contact number:
Home Address: Postcode:	

Details of accused/adult	
First name:	Surname:
Date of Birth:	
Position in sport:	Contact number:
Home Address: Postcode:	

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By signing this document, commits to the above.

Signed: Print Name:

Date Signed: Review Date:

Information contained in this document will form part of Norfolk Hockey and Pelicans Hockey Club's investigation into the alleged incident. As the person completing the form, please notify each individual whose details you include on this form that their information may be shared with a number of organisations and individuals relevant to the investigation

Pelicans Hockey Club Committee will ensure the name and contact details of the Welfare Officer are available:

- As the first point of contact for parents, young people and volunteers/staff within the club.

- As the main point of contact within the club for the England Hockey Safeguarding team as well as relevant external agencies in connection with safeguarding young people.

- As a local source of procedural advice for the club, its committee and members.

Details of external agencies contacted so far					
Organisation	Y/N	If yes, which?	Name & Number	Date & Time	Details of advice received
England Hockey					
Police					
Children's Social Care					
Other (e.g. NSPCC)					

Signed: .....

Print Name: .....

Date: .....

Remember to maintain confidentiality on a need to know basis. Only disclose information if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

THIS FORM SHOULD BE RETURNED TO:

(Please mark your envelope CONFIDENTIAL),
Ethics and Compliance Manager,
England Hockey,
Bisham Abbey National Sports Centre,
Marlow,
Buckinghamshire, SL7 1RR

or emailed to: **safeguarding@englandhockey.co.uk**

And/Or where appropriate:

The Chairman
Pelicans Hockey Club

or emailed to:

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Incident/Accident Reporting Form

Your Name:	**Young person's name:**
Your Role:	**Team:**
Your contact number: **Address:**	
Details of incident: *include description of any injuries* **Date/time of incident:**	
Have the parents/carers been notified? **If yes, what has been agreed?**	**Parent/Carer Name:**
Has the incident been fully dealt with? How?	
Is any further action needed? Yes/No	

This form should be kept for a minimum of 3 years, unless the individual involved leaves the club.