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| **Date of Incident / Concern**: |  |
| **Time of Incident / Concern:** |  |
| **Place / Location of incident / Concern:** |  |
| **Did you observe the incident / Concern:**If no, give details of individual who did or details of whether concern was disclosed to you.  |  |
| **Name of person / people involved in the incident / Concern**: |  |
| **Position within the club of person / people involved in the incident / Concern**: |  |
| **Details of incident or concern, including as many details as possible including**:1. Description of the incident or concern
2. Any relevant circumstances leading up to the concern
3. How and where the incident / concern occurred
4. Where there any witnesses?
5. Any injuries sustained or treatment required?
 |
| **Child’s account of what happened** (please state what the child actually said or indicate if not their exact words) |
| **Action taken**:(for example – referred to Welfare Officer) |
| **Were any of the following contacted?**Police: Yes ❒ No ❒ Ambulance: Yes ❒ No ❒ Parent/carer: Yes ❒ No ❒Any action / discussion as a result of this contact: |
| **What happened to the person(s) involved in the incident/concern?** (e.g., went home, went collected by parents, carried on with session) |
| **Name of person completing the form**:  |  |
| **Position in organisation of person completing the form:** |  |
| **Declaration:**All of the above facts are a true and accurate record of the incident**Signature of person completing the form**: **Date**:  |
| **Date form was passed to welfare officer**:  |

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| **TO BE COMPLETED BY WELFARE OFFICER** |
| **Detail any further action that needs to be taken and details of when this was completed** (e.g., sanctions for inappropriate behaviour, report to statutory agencies or Swim England etc): |
| **Were any of the following contacted**?Police: Yes ❒ No ❒ LADO: Yes ❒ No ❒ Children’s services: Yes ❒ No ❒If yes\* give details (Names / reference numbers of statutory agencies etc)**\*(If incident / concern is reported to statutory agencies then a referral form must be sent through to the Swim England Safeguarding Team ­** [**https://www.swimming.org/swimengland/how-raise-concern-complaint/**](https://www.swimming.org/swimengland/how-raise-concern-complaint/)**).**Any action / discussion as a result of this contact: |
| **Signature of welfare officer**:  |
| **Printed Name:** |
| **Date**: |