				Your info	orma	ntion				
Name										
Address										
Contact nui	mber(s)									
Email										
Name of organisation						Your role				
		Dorse	anal info	rmation -	- chi	ild / young pers	· · · · · · · · · · · · · · · · · · ·			
Name		Pers	Jilai IIIIO	illiation -	CIII	Date of birth				
Gender ⁱ		Male	Female	Non-hin	arv	Another description (please state)				
Is there and	y informa	ation abo	out the ch	nild that wo	ould	be useful to cons	ider?			
NI ()		C	contact i	nformatio	n –	parent / carer				
Name(s)										
Address										
Contact number(s)										
Email										
Have they been notified of this incident?		No	' '							
		Yes	, ,							
		!								
				Incident	deta	ails*				
Date and time of incident										
tick one: my o		am repo y own oncerns.				responding to concerns raised by someone – please fill in their details:				
Name of person raising concern					О	tole within the sport relationship to the hild				
Contact number(s)										
Email										



Incident Reporting Form

Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

* Attach a separate sheet if m	ore spac	ce is required (e.g. mult	tiple wit	nesses	;)		
		Incident detail	s (cor	ntinu	ed)		
Child's account of the i	nciden	t					
Please provide any witi	ness ac	ccounts of the incid	lent				
Name of witness (and date of birth, if a child)					n the s ship t		
Address							
Contact number(s)							
Email							
Details of any person in	nvolve	d in this incident or	alleg	ed to	have	caused	the incident / injury
Name (and date of birth, if a child)			Role within the sport or relationship to the child				
Address							
Contact number(s)							
Email							
Please provide details of	of actio	n taken to date					
Has the incident been agencies?	ed to any external			No		Yes – please provide further details:	
Name of organisation / agency							
Contact person							
Contact number(s)							
Email							
Agreed action or advice	e given						



Incident Reporting Form

Declaration			
Your signature	×		
Print name			
Today's date			

Contact your orga	anisation's Designated Safeguarding Officer in line with SCE & CA Telford's reporting procedures
Safeguarding Officer's name	
Date reported	



Additional Information