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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**: |