



Safeguarding and Welfare Incident Reporting Form

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| Your Name: | |
| Your Position: | Contact number: |
| Name of athlete, volunteer, family member: | |
| Gender: | |
| Address of athlete, volunteer, family member: | |
| Contact number: | |
| Parents'/carers' names and address [if athlete]: | |
| Date of birth of athlete, volunteer, family member: | |
| Date, time and location of any incident: | |
| Name and address of person who witnessed and reported the incident: | |
| Contact number: | |
| Your observations – If you have observed or an injury has been reported, please indicate on the body map attached as part of this reporting form. | |
| Exactly what the athlete, volunteer, family member said and what you said: (Remember; do not lead the individual – record actual details verbatim. Include any names shared but do not ask for these if not disclosed voluntarily. Please continue on over the page if necessary). | |

If the child has given an account of this injury give details:

Please indicate the attitude of the child regarding the injury

If the parent has volunteered an account of this injury give details:

Please indicate the attitude of the parent (if notified by parent) regarding this injury:

Action taken by the local S&W Officer/team so far:

Further Information:

Signature:

Print Name:

Date:

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| Actions Taken by SOGB Safeguarding & Welfare Team: | |
| Decisions made and by whom: | |
| External agencies contacted (date & time): | |
| Police Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes – which: Name & contact number: Details of advice received: |
| Social Care/MASH Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes – which: Name & contact number: Details of advice received: |
| Other e.g. NSPCC Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes – which: Name & contact number: Details of advice received: |
| Signature: | |
| Print Name: | |
| Date: | |

GUIDELINES

Remember to maintain confidentiality and only share information on a need to know basis –to protect the child or vulnerable adult or the general public.. Do not discuss this incident with anyone other than those who need to know.

For assistance or support in completing this form, please contact a member of the Special Olympics GB Safeguarding & Welfare team on;

1. Karen Wallin 07990 573604 karen.wallin@sogb.org.uk
2. Andy Heffer 07973 838988 andy.heffer@sogb.org.uk

What Information to record

- The vulnerable adults/child's name, age and date of birth
- The vulnerable adult/child's home address
- Whether or not the person making the report is expressing their own concerns or those of someone else
- The nature of the allegation: Include dates, times, any special factors and other relevant information
- Make a clear distinction between what is fact, opinion or hearsay
- A description of any visible bruising or other injuries (use body map to indicate position/ colour/size). Also any indirect signs, such as change in behaviour
- Details of witnesses to the incidents
- The vulnerable adult/child's account, if it can be given, of what has happened and how any bruising/injuries etc. occurred Again don't want people to ask leading questions or interrogate.
- Whether parents or carers have been contacted (only if this would not put the child/vulnerable adult at greater risk)
 - if so, who has been contacted
 - what was said
- Whether anyone else has been contacted
 - if so, record details
- If the vulnerable adult/child was not the person who reported the incident, whether the vulnerable adult/child has been spoken to?
 - If so, what was said?
- Has anyone been alleged to be the abuser
 - Record details: name, age, relationship to the vulnerable adult/child (e.g. staff or family member)
- Whether possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded

Indicate any injury on the appropriate section of the diagrams below – **DO NOT PHOTOGRAPH IT**

Description of injury:



