



Safeguarding Incident Report Form

Please complete this form for any safeguarding or welfare concerns, if you need more room for any section, please complete further information on a separate sheet and attach it to this form.

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 Document owner: SSG
 Approved by: Lead SGO
 Version number: 4
 Updated 22/07/2024

Notes for completion/crib sheet

Name of event activity		Tell us where your concern happened, is it a YST event, activity, or other setting.
Incident date		
Your name		Person completing the form
Your position or role		
Your contact details		Telephone/email address
Is this report about a child or an adult?	CHILD ADULT	Child is anyone under 18 years of age
1. Who is this report about? If your concern relates to more than one person, please be specific and use a separate sheet of paper if necessary.		Please specify all available personal information such as the person's name, age, gender. Record as much as you know about the person such as whether they are a participant, staff, volunteer etc Include any information you have available about the person such as any specific needs, additional vulnerability, or disability.
2. How do you know about the concerns you are reporting?		Are you responding to your own concerns, such as something you have seen or witnessed? Are you responding to someone else's concerns? If so, tell us the name and contact details of that person.

<p>3. Details of your concern</p>		<p>Provide information to enable the Safeguarding Team to understand the nature of your concern. Report the concerns in chronological order if you can e.g. What has happened? Where did it happen? When did it happen? Who is involved and who did what? Why did it happen, if known? Was anyone hurt or injured? If your information has come to you from different people record who is involved and who said what.</p>
<p>4. Are there any witnesses?</p>		<p>Provide details of anyone who witnessed the concern. Give their name, contact details and their involvement with YST e.g. are they staff, a teacher, a volunteer, participant etc.</p>
<p>5. Actions taken to date</p>		<p>Record any actions that have already taken place (if applicable) If you have spoken to anyone, record the name and contact details of who you have spoken to and anything that was agreed, or actions taken.</p>
<p>6. Are you aware of anything else relevant to this concern?</p> <p>If you do not have anything further leave this area blank.</p>		<p>Complete this area if you feel there is anything else relevant or in support of your concern. This could be images or footage you are aware of, if someone was injured or feeling unwell and they have been seen by the medical team, discussions with teachers, any involvement of a parent/carer etc</p>

REFERRER SIGNATURE

PRINT NAME

DATE

Pass this form to the Youth Sport Trust Event Safeguarding Lead/Event Safeguarding Team member/YST Lead or Deputy Safeguarding Officer (delete as appropriate)

To be completed by the Event Safeguarding Lead/
Event Safeguarding Team Member/YST Lead or
Deputy Safeguarding Officer

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Date and Time notified of the incident/ concern		If the notification was initially verbal and this form was received at a different date or time record that here.
Actions taken		Record any actions taken, external agency involvement, follow up with parent/carers, impact on the event or anything else. If applicable. If there was no need for further action record that here.

<p>Reporting to external agencies</p> <p>If the matter has been referred to an external agency such as Police, Children or Adult Services, LADO, or any other agency record it here.</p>		<p>Record:</p> <ul style="list-style-type: none"> • Date and time of referral • Name of contact person and their phone and e-mail contact details • Agreed action or advice given • Any follow up action requirements with timescales • Anything else
<p>Any further follow up required</p>		<p>Record any follow up actions, learning or reporting and who will be responsible for completion of these actions.</p>
<p>Incident closed</p>		<p>Record the date of the closure</p>

REFERRER SIGNATURE

PRINT NAME

DATE

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