ENGLISH KARATE FEDERATIONSAFEGUARDING TEAM



Child Protection Safeguarding Incident Form

Your name		Name of organisation			
Your role					
Your contact details:					
Address		Telephone number(s)			
Postcode		E-mail address			
Child's details:					
Name		Date of birth			
Ethnic origin		Does the child have a disability?			
Gender					
Parent/Guardian details:					
Address		Telephone number(s)			
Postcode		E-mail address			
Has the parent/guardian been notified of this incident?		YES/NO (please delete as appropriate)			
If 'Yes' provide details of what was said and any actions agreed					
Are you reporting your own concerns or responding on behalf of somebody else?		Own concerns/Somebappropriate)	oody else (please delete as		
If responding to concerns raised by someone else:		Please provide furti	her information below		
Name					
Position within the sport or relationship to the child					
Telephone number(s)					
E-mail address					
Date and time of incident(s)					

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Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as a fact, opinion or hearsay)				
Child's account of the incident				
Where there any witness accounts of the incident?	YES/NO (please delete as appropriate			
If 'Yes' please answer below supplementary question Name	ns 			
name				
Position within the club or relationship to the child				
Date of birth (if child)				
Address				
Postcode				
Telephone number(s)				
E-mail address				
Please provide details of any person involved in this incident or alleged to have caused the incident / injury:				
Name				
Position within the club or relationship to the child				
Date of birth (if child)				
Address				
Postcode				
Telephone number(s)				

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Email address	
Please provide details of action taken to date:	
Has the incident been reported to any external agencies?	YES/NO (please delete as appropriate)
If YES please provide further details:	
Name of organisation/agency	
Contact person	
Telephone number(s)	
Email address	
Agreed action or advice given	
Your Signature:	Print name:
Date:	

Contact your organisation's Designated Safeguarding Officer in line with reporting procedures.