



“Raise The Bar” - Safeguarding Incident Recording Form

This form should be used by Club Welfare Officers to record the details of any concerns raised. A **copy should be sent to the Sue Ward, Safeguarding and Compliance Officer at British Weight Lifting**. If there is more than one alleged victim a separate form should be completed. All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. Please note that where a concern is immediate please make initial contact by telephone and return the completed form as soon as possible. The form should be completed for all levels of concern, even where no immediate action may be necessary.

DETAILS OF PERSON COMPLETING THE FORM

Name: _____

Club Name: _____

Position Held: *(Welfare officer, Coach, etc)* _____

Address: _____

Postcode: _____ Contact numbers: _____

Name / details of person who raised concern *(if different from above)*: _____

DETAILS OF PERSON CONCERN IS ATTRIBUTED TO

Name: _____

Position: _____

Club Name: _____

Relationship to alleged victim: _____

DETAILS OF ALLEGED VICTIM

Name: _____

Club Name: _____ Discipline: _____

Date of Birth: _____ Age at time of incident(s): _____

Address of parent / carer: _____

Postcode: _____ Contact numbers: _____

Any identified special needs or disability: _____

Ethnic background: _____

DETAILS OF INCIDENT

Date(s) or period (if over a drawn out period) of incident _____

Description of the incident/s (please include as much detail as possible. If a child talked to you, write down the exact details of the conversation – remember not to lead the child. Please include any other information including location, number of incidences, any witness details etc – please continue on a separate sheet of paper if necessary)

Any actions taken? _____

Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number

Children/Adult Social Services

Name of contact: _____

Contact Number/s: _____

Police

Name of Contact: _____

Contact Numbers: _____

Any relevant additional information: _____

Signed: _____ Date: _____