

CHILD'S DETAILS





INCIDENT / ACCIDENT REPORT **POLICY / FORM**

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to Uddingston Hockey Club Child Protection Officer or Youth Convenor as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

Child's Name: Date of Birth: Address: Telephone Contact: Child's Ethnicity: Child's Preferred Language: Is an Interpreter Required? YES / NO (delete as appropriate) Is the child affected by disability? YES / NO (delete as appropriate) If yes, give details: DETAILS OF PERSON RECORDING CONCERNS Name: Position/Role: Address: Telephone Contact:

















DETAILS OF INCIDENT GIVING RISE TO CONCERNS (Record details including date, time, location, nature of concerns)				
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DETAILS OF ANY WITNESSES				
(Record names, addresse	s and telephone contacts)		
DETAILS OF INJURIES (Record all injuries sustained, location of injury and action taken)				
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PART B where there are on DETAILS OF PERSON A	-			
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Name:				
Relationship to				
Child:				
Address:				
Telephone Contact:				
DETAILS OF CONCERNS				
(Continue on a separate s	heet if necessary)			



















DETAILS OF ANY ACTION TAKEN	
DETAILS OF AGENCIES CONTACTED	
(Record date, time, name of person contacted, and adv	ice received)
Have the child's parents been informed? YES / NO (delete as appropriate)
If yes, record details:	
Child's views on situation (if expressed)	
Signed:	Date:
Print Name:	Position:

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