



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 DETAILS

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)

DETAILS OF ANY WITNESSES

(Record names, addresses and telephone contacts)

DETAILS OF INJURIES

(Record all injuries sustained, location of injury and action taken)

PART B where there are concerns about possible child abuse

DETAILS OF PERSON ABOUT WHOM THERE IS A CONCERN

Name: _____

Relationship to Child: _____

Address: _____

Telephone Contact: _____

DETAILS OF CONCERNS

(Continue on a separate sheet if necessary)

DETAILS OF ANY ACTION TAKEN

DETAILS OF AGENCIES CONTACTED

(Record date, time, name of person contacted and advice 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: _____