



Safeguarding Incident or Concern Report Form





- traffordseniornetballclub@gmail.com
- www.traffordnetballclub.co.uk
- @TraffordSeniorNetballClub
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SAFEGUARDING INCIDENT OR CONCERN REPORT FORM

Your Contact Information (this will be kept confidentially)		
Your first name	Your Surname	Your Address
Daytime/Mobile number	Email Address	Affiliation Number as on ENgage
Club / League Name, or other	Your position /role in netball	Club Chair's Name
Young Person's Details		
First Name	Surname	Date of Birth/Age
Male/Female Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnic Origin if known	Protected Characteristics
If the young person has a disability, please give details		
Name of School (if known)	Contact at School (if known)	Tel No of School (if known)
Have the Parents/Carers been advised of the incident: YES <input type="checkbox"/> NO <input type="checkbox"/> - /If Yes, please provide details of what has been said, and the response given		
First Name of Parents/Carers	Surname of Parents/Carers	Home address
Parents/ Carers Tel No	Parents/Carers Email address	Any other information

TRAFFORD

Are you reporting your own concerns or responding to concerns raised by someone else

Reporting my own concerns I am responding to someone else's concerns

If you are responding to someone else's concerns, please provide their contact information

Person's first name	Person's Surname	Address
Tel No	Email Address	Role in netball & Affiliation No (if known)

Incident/Concern Information

Date of Incident	Time(s) of Incident	Place of Incident

<i>Incident/Concern – please provide relevant information, what was noticed, what was done or said, by who, please include description of any injuries and other relevant information</i>	Was Social Media involved

Is your concern fact opinion or hearsay

Incident Information – details of person whose behaviour you have concerns about

First Name	Surname	Address
Date of Birth/Age	Contact Number	Email address
Club Name & affiliation no if known	Role(s) within Netball, or relationship to the young person	

Young person's account of the incident

Please provide any witnesses accounts of the incident

Please provide witness(es) contact information

First Name	Surname	Address
Date of Birth/Age	Contact Number	Email address

Club Name	Position(s) within netball, or Relationship to the Young Person	
Has the incident been reported to any external agencies? YES <input type="checkbox"/> NO <input type="checkbox"/> – if yes, please give details		
Name of organisation/agency	Contact Person	Contact details
Date of Report	Agreed action or Advice Given by external agency	
<i>Print name</i>	<i>Your Signature</i>	<i>Date</i>

Thank you for completing this form.

Please send it to Trafford Club Welfare Officer Reem Taylor and England Netball's Lead Child Protection Officer at England Netball Head Office:

 *email:* traffordseniornetballclub@gmail.com AND besafe@englandnetball.co.uk, *or*

 *Post:* **England Netball, SportPark, 3 Oakwood Drive, Loughborough LE11 3QF England Netball Only)**