

Please contact inclusiveskating.event@gmail.com if you require any further information or assistance



Incident reporting form

Your information				
Name				
Address				
Contact number(s)				
Email				
Name of organisation		Your role		
Personal information – child / young person / participant				
Name			Date of birth	
Gender ⁱ	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Is there any information about the child or participant that would be useful to consider?				
Contact information – parent / carer				
Name(s)				
Address				
Contact number(s)				
Email				
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken		
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed		
Incident details*				
Date and time of incident				

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Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:
Name of person raising concern		Role within the sport or relationship to the child or participant
Contact number(s)		
Email		
Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)		

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Incident details (continued)		
Child's or Participants account of the incident		
Please provide any witness accounts of the incident		
Name of witness (and date of birth, if a child)		Role within the sport or relationship to the child
Address		
Contact number(s)		
Email		
Details of any person involved in this incident or alleged to have caused the incident / injury		
Name (and date of birth, if a child)		Role within the sport or relationship to the child
Address		
Contact number(s)		
Email		
Please provide details of action taken to date		
Has the incident been reported to any external agencies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide further details:
Name of organisation / agency		
Contact person		
Contact number(s)		
Email		

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Agreed action or advice given

Declaration	
Your signature	<input type="checkbox"/>
Print name	
Today's date	

Contact your organisation's Designated Safeguarding Officer in line with Inclusive Skating's reporting procedures	
Safeguarding Officer's name	
Date reported	