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**INCIDENT RECORD FORM**

**for issues of a Wellbeing & Child Protection nature**

**FIFE NETBALL ASSOCIATION**

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| **Contact details** | |
| Your name: | Your position: |
| Mobile number: | Your club (include discipline if applicable): |
| Email Address: | Home address: |
| **Info relating to the child/young person the concern relates to:**  NB please replicate this section if the concern involves more than one child/young person | |
| Child’s name:  Child’s age and date of birth:  Child’s gender (male/female/other):  Child’s address: | Parents / carers names:  Mobile number:  Email address:  Is the home address the same as the child?  Yes No - please note address: |
| Any special requirements: (e.g. learning disability / 1st language not English): | |

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| **The concern** | | | |
| Who reported the concern to you (name and role): | | | Contact details (mobile, email and address): |
| What is the nature of the incident you are reporting:  Wellbeing Protection Poor | | | |
| **If the concern relates to the actions/behaviour of another person please place their details below:**  NB please replicate this section if the concern relates to more than one person | | | |
| Name: | | Role: | |
| Contact details (address, mobile and email): | | Age/DOB (if known): | |
| Details of the concern (include date the concern occurred and time if know). Include observations and record exactly what the child said (write in child’s words) and what was said to them:  (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary) Please include the full names of anyone involved: | | | |
| **What action has been taken so far?**  *Remember to include:*  - who took the action  - when the action was taken (date)  - what the action was: | | | |
| **Action taken**  **Please use the case chronology on the next page to record details of actions taken** | | | |
| **External agencies contacted (date and time):** | | | |
| Police Yes / No? | If yes - Details of:  Name and contact number:  Details of advice received: | | |
| Social Services Yes / No? | If yes - Details of:  Name and contact number:  Details of advice received: | | |
| **Netball Scotland**  Yes / No? | If yes - Details of:  Name and contact number:  Details of advice received: | | |
| Local Authority Yes / No? | If yes - Details of:  Name and contact number:  Details of advice received: | | |
| Other **(e.g. NSPCC)**  Yes / No? | If yes - Details of:  Name and contact number:  Details of advice received: | | |
| Signature: | | | |
| Print name: | | | |
| Date: | | | |

**Please send this to the FNA Child Protection Officer ASAP (within 24 hours) on SportsSTARSWPO@fife.gov.uk**

**The child protection officer will also determine if a copy may also be sent to** [**WP@netballscotland.com**](mailto:WP@netballscotland.com) **within 48 hours of incident.**

**Remember to maintain confidentiality on a *need to know* basis – do not discuss this incident with anyone other than those who need to know.**

See DATA PROTECTION ADVICE for storage implications.

**CASE CHRONOLOGY**

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| --- | --- | --- | --- | --- |
| **Date** | **Action** | | **By** | **Comment/document** |
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|  | | **Case conclusion** | | |
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