



INCIDENT REPORT FORM

Your name:
Your position:
Child's name:
Child's address:
Parents/carers names and address:
Child's date of birth:
Date and time of any incident:
Your observations:
Exactly what the child said and what you said: (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)
Action taken so far:
External agencies contacted (date & time)

TUNBRIDGE WELLS HOCKEY CLUB

CHILD WELFARE



England Hockey yes/no	Name and contact number: Details of advice received:
Police yes/no	If yes – which: Name and contact number: Details of advice received:
Social services yes/ no	If yes – which: Name and contact number: Details of advice received:
Local authority yes/no	If yes – which: Name and contact number: Details of advice received:
Other (eg NSPCC)	Which: Name and contact number: Details of advice received:

Signature:

Print name:

Date:

NB A copy of this form should be sent to social services after the telephone report. Remember to maintain confidentiality on a *need to know* basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know. For more information please contact the Tunbridge Wells Hockey Club Child Welfare Officer Tel (01892 518253).