



Castleconnell Boat Club Incident Report Form

INCIDENT REPORT FORM: SAFEGUARDING	
Record completed by:	
Position:	Date:
Child/Vulnerable Persons Name:	
Child/Young persons Address:	
Child/Vulnerable Persons Date of Birth:	
Parents/Carer's Names and Address:	

Date and time of any incident:	Date:	Time:
Your Observations:		
Detail <u>exactly</u> what the child/vulnerable person said and what you said : (Remember do not lead the child/vulnerable person – record actual details. Continue on a separate sheet if necessary)		
Action taken so far:		

Designated Safeguarding/Children's Officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
External Agencies contacted	
Police <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted:	Details of advice received:
Name:	
Contact number:	
Gateway Team/HSE <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted:	Details of advice received:
Name:	
Contact number:	
Rowing Ireland <input type="checkbox"/> Yes <input type="checkbox"/> No Person contacted:	Details of advice received:
Name:	
Contact number:	
Local Council or Education Department (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No Org name:	Details of advice received:
Name:	
Contact number:	
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	Details of advice received:
Contact number:	

Signature

Date

Remember to maintain confidentiality on a need to know basis – only if it will protect the child/young person. Do not discuss this incident with anyone other than those who need to know.

N.B. A copy of this form should be sent to Social Services after the telephone report and to Rowing Ireland Designated Safeguarding/Children's Officer for monitoring purposes.