

Incident Report Form

INCIDENT RECORD FORM: CHILD PROTECTION	
<i>Inline Hockey Ireland</i>	
Record completed by:	
Position:	Date:
Child/Young Persons Name:	
Child/Young persons Address:	
Child/Young 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/young person said and what you said: (Remember do not lead the child/young person – record actual details. Continue on a separate sheet if necessary)		
Action taken so far:		
Club Welfare Officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
External Agencies contacted		
Police/Garda <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted: Name: Contact no:	Details of advice received:	

Social Services/Gateway <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted: Name: Contact number:	Details of advice received:
Sport Governing Body <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Contact number:	Details of advice received:
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Contact number:	Details of advice received: