



# INCIDENT REPORT FORM

## INCIDENT RECORD FORM : CHILD PROTECTION

*Name/Age of team*

Record completed by:

Position:

Date:

Child's Name:

Child's Address:

Child's Date of Birth:

Parents/Carer's Names and Address:

Date and time of any incident:

Date:

Time:

Your Observations:

Detail exactly what the child said and what you said :

(Remember do not lead the child – record actual details. Continue on a separate sheet if necessary)

# INCIDENT REPORT FORM

Action taken so far:	
Club Child Welfare officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>External Agencies contacted</b>	
<b>Gardai</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b> <hr/> <b>Name:</b> <hr/> <b>Contact no:</b>	<b>Details of advice received:</b>   
<b>HSE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b> <hr/> <b>Name:</b> <hr/> <b>Contact number:</b>	<b>Details of advice received:</b>   
<b>Sport Governing Body</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <b>Name:</b> <hr/> <b>Contact number:</b>	<b>Details of advice received:</b>   
<b>Other (e.g. ISPCC)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <b>Name:</b> <hr/> <b>Contact number:</b>	<b>Details of advice received:</b>   

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.**