

Croydon Rugby Football Club

## CHILD PROTECTION INCIDENT RECORD FORM

<b>Club or Agency:</b>
<b>Your Name:</b>
<b>Your Position:</b>
<b>Child's Name</b>
<b>Child's Address:</b>
<b>Parents/Carers Name and Address:</b>
<b>Child's Date of Birth:</b>
<b>Date and Time of any Incident:</b>
<b>Your Observations:</b>
<b>Exactly What the Child Said and What You Said</b> (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)
<b>Action Taken so far:</b>

<b>External Agencies Contacted (Date &amp; Time)</b>	
<p><b>POLICE</b></p> <p>Yes/No</p>	<p><b>If yes – which:</b></p> <p><b>Name and Contact Number:</b></p> <p><b>Details of Advice Received:</b></p>
<p><b>SOCIAL SERVICES</b></p> <p>Yes/No</p>	<p><b>If yes – which:</b></p> <p><b>Name and Contact Number :</b></p> <p><b>Details of Advice Received:</b></p>
<p><b>SPORT GOVERNING BODY</b></p> <p>Yes/No</p>	<p><b>Name and Contact Number:</b></p> <p><b>Details of Advice Received:</b></p>
<p><b>LOCAL AUTHORITY</b></p> <p><u>Yes/No</u></p>	<p><b>If yes – which:</b></p> <p><b>Name and Contact Number:</b></p> <p><b>Details of Advice Received:</b></p>
<p><b>Other (e.g. NSPCC)</b></p>	<p><b>Which:</b></p> <p><b>Name and Contact Number:</b></p> <p><b>Details of Advice Received:</b></p>

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date:</b>	