

Your Name:
Your position:
Your Knowledge of and relationship to the child/young person/vulnerable adult:
Child's/young person's/vulnerable adult's name:
Child's/young person's/vulnerable adult's address:
Child's/young person's/vulnerable adult's date of birth:
Date(s), time(s) and location(s) of incident(s):
Nature of the concern/allegation:
Observations made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's or vulnerable adult's emotional state etc): NB Make a clear distinction between what is fact, opinion or hearsay
Exactly what the child/young person/vulnerable adult said and what you said (Remember, do not lead the child or young person – record actual details. Continue on a separate sheet if necessary):
Actions Taken so far:

External agencies contacted:

Police Yes No If yes, which:
Date and time:
Name and Contact number:
Details of advice received:
Social Services Yes No If yes, which:
Date and time:
Name and Contact number:
Details of advice received:
UK: Athletics Yes No If yes, which department:
Date and time:
Name and Contact number:
Details of advice received:
Local Authority Yes No If yes, which:
Date and time:
Name and Contact number:
Details of advice received:
Other (e.g. NSPCC) Yes No If yes, which:
Date and time:
Name and Contact number:
Details of advice received:
Print name:
Signed: Date:

If the incident has been reported to Social Services, a copy of this form must be sent to them within 24 hours of the telephone report.

Remember to maintain confidentiality (on a need to know basis)-only share if it will protect the child. Do not discuss the incident with anyone other than those who need to know.

A copy of this form must be sent to Athletics Welfare PO Box 332 Sale Manchester M33 6XL



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