



## **Vauxhall Chiltern Ladies Hockey Welfare Incident Report**

This form must be completed as soon as possible after receiving information that causes suspicion or an allegation of the abuse of a child or vulnerable adult. This must be passed to the Child Protection Officer and the Social Work Department or the Police as soon as possible after completion. Do not delay by attempting to obtain information to complete all the details.

Informing England Hockey acts to offer a safeguard to all concerned.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

Continue on a separate sheet of paper if required and attach securely to this form.

This report has been compiled for the best interests and safety of any VCLH member providing/receiving instruction/supervision in the act of playing hockey.

### **Details of person making report**

Name:

Position:

Contact telephone number:

### **Details of Child/Vulnerable Adult about whom there is concern**

Name:

Date of Birth:

Address:

Contact telephone number:

Names and address of parents/guardian/carers:

If you are reporting this alleged incident **on behalf of someone else**, please provide details of that person:

Name:

Position:

Address:

Contact telephone number:

Date this person advised you of alleged incident:

Record here the information you were given from this person about the alleged incident:

Date of alleged incident:

Time:

Place:

Names and addresses of witnesses:

Describe in detail what happened:

Describe in detail visible injuries/bruises and concerning behaviour of the child/vulnerable adult, if any:

(use diagrams if this helps you to describe)

Was the child/vulnerable adult asked what happened: YES/NO

If yes, record exactly what the child/vulnerable adult said in their own words and any questions asked if the situation needed clarifying:

Details of action taken

Detail what action, if any, has been taken following receipt of this information:

**ONLY AFTER SEEKING ADVICE FROM THE POLICE/SOCIAL WORK DEPARTMENT**, were the child/vulnerable adults parent's/carers contacted? If YES, record the time and date.

Details of external agencies contacted

Police station contacted:

Name and contact number:

Advice received:

Social Work Department Social Work Dept:

Name and contact number:

Advice received:

Other Name of organisation:

Name and contact number:

Advice received:

Other information

Record any other information you have about this matter (it is important that all information is passed on even that which you think is not important or helpful).

Signature:

Print name:

Date:

Where a referral has been made to the Police and Social Work Department a copy of this form must be sent to them as soon as possible.