Appendix 10 (a) Standard Report Form for ROI

INCIDENT RECORD FORM: SAFEGUARDING

Name of Club: Concra Wood	Castleblayney Golf Club	
Record completed by:		·
Position:		
Child/Young	Person's	Name
Child/Young Persons Address	::	
Child/Young Persons Date of	Birth:	
Parents/Guardian's Names a	nd Address:	
	::	
Date:	Time:	

Action taken so far:-
Designated Liaison Person informed? Yes No
External Agencies contacted
Police/Gardai Yes No
Branch contacted:
Details of advice received:
Name:
Contact no:
Social Services/Gateway Yes No
Branch contacted:
Details of advice received:
Name:
Contact number:
Sports Governing Body Yes No
Details of advice received:
Name:
Contact number:
Local Council or Education Authority (if appropriate) Yes No
Org name:
Details of advice received:
Name:
Contact number:
Other (e.g. NSPCC) Yes No

Details of advice received:		
Name:		
Contact number:		
Signature	Date	

Remember to maintain confidentiality on a need to know basis – only if it will protect the child/young person. Do not discuss this incident with anyone other than those who need to know.

N.B. A copy of this form should be sent to social services after the telephone report and to the governing body Designated Liaison Person for monitoring purposes.