

Safeguarding Allegation Reporting Form Person of Concern

If you suspect that a club member may be behaving in a way which puts others at risk or might potentially do so, it is not your responsibility to take control of the situation or to investigate. However, you do have a responsibility to inform the appropriate people about your concerns so that they may make enquires and take any action necessary for the well-being of club/county members.

However small your concern, you should share it with the Club Safeguarding Officer who will take responsibility for referring it to the County Safeguarding Officer/ NGB Safeguarding Officer or other agencies. Please ensure that confidentiality is maintained as far as possible. Only discuss your concerns on a need-to-know basis, and do not disclose the identity of those involved unless absolutely necessary.

Name of Club/County: Date:

Section 1 – Person completing this form

Name:

Position in Club/County:

Address (optional):

Contact telephone number(s): E-mail:

Section 2 – Details of person of concern

Name:

DOB: (if known)or estimated age

Address:

Contact telephone number(s): E-mail:

Source of information about the concern, eg. Observations, newspaper/media, social media, self-declaration, police, probation officer etc.

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Section 3 – Details of alleged victim(s) if known

Name:

DOB: (if known)or estimated age

Position in the Club/County if applicable:

Address:



Contact telephone number(s): E-mail:.....

Name:.....

DOB: (if known)or estimated age

Position in the Club/County if applicable:.....

Address:.....

Contact telephone number(s): E-mail:.....

Section 4 – The incident/concern

Date of incident: Time

Place of incident:.....

Did anyone observe the incident/concern: Yes/No
Give details of the person(s) present

Name:.....

Position in Organisation:.....

Contact telephone number(s): E-mail:.....

(If you have further names, please complete on a separate sheet of paper)

Nature of Concern, please tick

Bullying Child sexual exploitation..... Child trafficking

Cyber Bullying..... Discrimination Domestic abuse

Emotional or Psychological..... Female genital mutilation Financial

Forced Marriage..... Grooming..... Hate Crime

Modern Slavery..... Neglect Non-recent abuse....

Online abuse..... Organisational Physical abuse

Radicalisation..... Self-neglect Sexual abuse

Other

What was observed including details of any abusive language, injuries sustained and treatment received. Continue on separate sheet if necessary.

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Record of Conversations using the TED technique, such as **T**ell me what happened, **E**xplain to me what happened, or **D**escribe to me what happened? Continue on separate sheet if necessary

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Section 5 – Action taken

You may wish to discuss your concerns with someone outside of the organisation to gain reassurance. The Ann Craft Trust (ACT) Helpline can help with this and is confidential.

ACT informed - Helpline: 01708 765200, www.supportline.org.uk Yes/No.....

Police informed: Yes/No

If yes, give name of the police officer:

Phone/e-mail contact details:

Crime number if known:

Was Medical assistance required: Yes/No

If yes, give details:

Next of Kin/Carer informed Yes/No.....

Social Services informed: Yes/No.....

If yes name of social worker:

Phone/e-mail contact details:

NGB Safeguarding Officer informed: Yes/No

If yes, give name of the safeguarding officer:

Phone/e-mail contact details:

Signed: Date:

Please send a copy to the NGB Safeguarding Officer



Section 6

Ethnic Group

Please choose the category that best describes the **Person of Concern's** ethnic group from the following list and tick the appropriate box:

White

A1 British

A2 Irish

A3 Any other white background

Mixed

B1 White & Black Caribbean

B2 White & Black African

B3 White & Asian

B4 Any other mixed background

Asian

C1 Indian

C2 Pakistani

C3 Bangladeshi

C4 Any other Asian background

Black or Black British

D1 Caribbean

D2 African

D3 Any other Black background

Chinese or Other Ethnic Background

E1 Chinese

E2 Any other (please write in):

Disability

The Equality Act 2010 defines a disabled person as anyone with a “physical or mental impairment that has a “substantial” and “long term” negative effect upon their ability to carry out normal daily activities.”

Please choose any impairments that the person of concern may have by ticking the appropriate box.

Vision (due to blindness or partial sight)	<input type="checkbox"/>
Mobility (difficulty walking short distances, climbing stairs etc)	<input type="checkbox"/>
Hearing (due to deafness or partial hearing)	<input type="checkbox"/>
Learning or concentrating or remembering	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Stamina or breathing difficulty	<input type="checkbox"/>
Social or behavioural issues (such as Autism or Asperger's' Syndrome)	<input type="checkbox"/>
Difficulty speaking or making yourself understood	<input type="checkbox"/>
Other please state	<input type="checkbox"/>