



PORTISHEAD TABLE TENNIS CLUB

SAFEGUARDING INCIDENT FORM

Your name:	Your position:
Child's name:	Child's date of birth:
Parent / carers names and addresses:	
Date and time of any incident:	
Your observations:	
Exactly what the child said and what you said: (remember not to lead the child – record actual details, continue on a separate sheet if necessary)	

Action take so far:

External Agencies contacted (date and time):

Police: Yes / No	If yes – which: Name and contact number: Details of advice received:
Children’s Services: Yes / No	If yes – which: Name and contact number: Details of advice received:
Table Tennis England: Yes / No	Name and contact number: Details of advice received:
Local Authority: Yes / No	If yes – which: Name and contact number: Details of advice received:
Other: Yes / No (Eg: NSPCC)	If yes – which: Name and contact number: Details of advice received:

Signature:

Print Name: