



# SAFEGUARDING INCIDENT REPORT FORM

## Safeguarding Resource Document

|                                 |  |
|---------------------------------|--|
| Name of person completing form? |  |
| Your position within the club?  |  |
| Your contact email?             |  |

### The Incident details

|  |      |          |
|--|------|----------|
| Child/Young persons name:  |      |          |
| Child/Young persons address:   |      |          |
| Child/Young persons date of birth/Membership No:                                   | DOB: | SASA No: |
| Parents/Carers names:  |      |          |
| Parents/Carers contact details:<br>(Email/Phone)                                   |      |          |
| Parents/Carers address<br>(if different to above):                                 |      |          |
| Any special requirements:<br>(e.g. learning disability / 1st language not English) |      |          |
| Your observations:   |      |          |

Exactly what the child said (write in child's words) and what you said:  
(Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)



Action taken so far and when:

Further actions to be taken:

| External agencies | Yes/No | If yes - Details of:   |
|-------------------|--------|--|
| Police Scotland   | Yes    | Name and contact number:<br>Case Incident Number:<br>Details of advice received: |
|                   | No     |  |
| Social Services   | Yes    | Name and contact number:<br>Details of advice received:                          |
|                   | No     |  |
| Scottish Swimming | Yes    | Name and contact number:<br>Details of advice received:                          |
|                   | No     |  |
| Local Authority   | Yes    | Name and contact number:<br>Details of advice received:                          |
|                   | No     |  |
| Children 1st      | Yes    | Name and contact number:<br>Details of advice received:                          |
|                   | No     |  |
| Other (NSPCC etc) | Yes    | Name and contact number:<br>Details of advice received:                          |
|                   | No     |  |



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|             |
|-------------|
| Signature:  |
| Print name: |
| Date:       |

**Please send the completed form to Anna Tizzard, Glenrothes Swimming Club, Child Well-being and Protection Officer by emailing [GASCCWPO@yahoo.com](mailto:GASCCWPO@yahoo.com). If you wish to post, please call 07860 916206 for the address. This form should be sent to Anna Tizzard within 48 hours of the incident. A copy of the incident form will also be sent to Scottish Swimming.**

Remember to maintain confidentiality on a *need to know* basis – do not discuss this incident with anyone other than those who need to know.

See [Data Protection Policy](#) for storage implications.