



# Safeguarding Incident Report Form

<b><i>Commercial Rowing Club</i></b>	
<b>Record completed by:</b>	
<b>Position:</b>	<b>Date:</b>
<b>Young Person Name:</b>	
<b>Child/Young person's Address:</b>	
<b>Child/Vulnerable Persons Date of Birth:</b>	
<b>Parents/Carer's Names and Address:</b>	
<b>Date and time of any incident:</b>	<b>Date:</b> _____ <b>Time:</b> _____
<b>Your Observations:</b>	
<b>Detail <u>exactly</u> what the young person said and what you said:</b> (Remember do not lead the young person – record actual details. Continue on a separate sheet if necessary)	
<b>Action taken so far:</b>	



Designated Liaison Person informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>External Agencies contacted</b>	
<b>Police</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b> <b>Name:</b> <b>Contact number:</b>	<b>Details of advice received:</b>
<b>Social Services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b> <b>Name:</b> <b>Contact number:</b>	<b>Details of advice received:</b>
<b>Rowing Ireland</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Person contacted:</b> <b>Name:</b> <b>Contact number:</b>	<b>Details of advice received:</b>
<b>Local Council or Education Department (if appropriate)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Org name:</b> <b>Name:</b> <b>Contact number:</b>	<b>Details of advice received:</b>
<b>Other (e.g. NSPCC)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b> <b>Contact number:</b>	<b>Details of advice received:</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Remember to maintain confidentiality on a need to know basis this will protect the child/vulnerable adult. 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 Rowing Ireland Designated Liaison Person for monitoring purposes.