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| A close up of a logo  Description automatically generated | | | **Safeguarding Concern / Incident Form** | | |
| Use this form to record any safeguarding concern, however trivial. Forward it **immediately** to the Goalball UK Safeguarding lead officer. | | | | | |
| Answer every question; continue on a blank sheet if necessary. | | | | | |
| **About You (the person filling in this form)** | | | | | |
| Name |  | | | Job title |  |
| Home Address |  | | | Date |  |
| Email Address |  | | | Phone |  |
| **Details of person at risk** | | | | | |
| Name |  | | | DOB: |  |
| Home Address |  | | | Age: |  |
| Email Address |  | | | Phone |  |
| **Details of adult/child against whom the allegation is made** | | | | | |
| Name |  | | | Job title / Position |  |
| Home Address |  | | | | |
| Email Address |  | | | Phone |  |
| **About the safeguarding concern / incident** | | | | | |
| Date of incident: | |  | | | |
| Place of incident: | |  | | | |
| Are you reporting your own concern, or one raised by someone else? | |  | | | |
| If you are raising a concern made by someone else, please provide their full name, status and contact details | |  | | | |
| Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first-hand or the accounts of others | |  | | | |
| The person at risk’s account (if applicable). ***Include what they want the outcome to be*** | |  | | | |
| Provide details of the person causing harm (if known) | |  | | | |
| Provide details of any witnesses to the concern | |  | | | |
| Provide details of any previous incidents or concerns relating to this person (if known) | |  | | | |
| **Actions:** Please state the immediate actions you took in response to the concern: | | | | | |
|  | | | | | |
| **People contacted** | | | | | |
| **Give details below of any people outside Goalball UK that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:** | | | | | |
|  | | | | | |
| **Declaration:** I have completed all sections of this form to the best of my knowledge | | | | | |
| Signature |  | | | | |