|  |  |
| --- | --- |
| Your name:  | Name of organisation: |
| Your role:: |  |
| Contact information (you):*Address: Postcode:**Telephone numbers: Email address:* |
| Details of the person at risk |
| Name: | Date of birth: |
| Ethnic origin:*Please state* | Do they have a disability:*Please state* |
| Gender: * Male
* Female
 |
| Is the person at risk under any form of supervision/ carer’s?  |
| Contact information of carer’s if known:*Address: Postcode:**Telephone numbers: Email address:* |
| Have the carer’s been notify of this incident?* Yes
* No

If YES please provide details of what was said/action agreed: |
| Are you reporting your own concerns or responding to concerns raised by someone else:* Responding to my own concerns
* Responding to concerns raised by someone else
 |
| If responding to concerns raised by someone else: *Please provide further information below* |
| *Name:**Position within the sport or relationship to the person at risk:**Telephone numbers: Email address:* |
| Date and times of incident: |
| Details of the incident or concerns: *Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.* |
| The person at risks account (if applicable): ***Include what they want the outcome to be.*** |

|  |
| --- |
| Please provide any witness accounts of the incident: |
| Please provide details of any witnesses to the incident:*Name:**Position within the club or relationship to the person at risk:**Date of birth (if child):**Address: Postcode:**Telephone number: Email address:* |
| Please provide details of any person involved in this incident or alleged to have caused the incident / injury:*Name:**Position within the club or relationship to the person at risk:**Date of birth (if child):**Address: Postcode:**Telephone number: Email address:* |
| Please provide details of any previous incidents or concerns relating to this person (if known) |
| Please provide details of action taken to date: |
| Has the incident been reported to any external agencies?* Yes
* No
 |
| If YES please provide further details:  |
| *Name of organisation / agency:**Reference Number (if applicable):**Contact person:**Telephone numbers:**Email address:**Agreed action or advice given:* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Signature:** |  | **Print name:** |  |
| **Date:** |  |

**Please submit this form to** **safeguarding@britishorienteering.org.uk**