



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: (Email/Phone)		
Parents/Carers address (if different to above):		
Any special requirements: (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)



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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: Case Incident Number: Details of advice received:
	No	
Social Services	Yes	Name and contact number: Details of advice received:
	No	
Scottish Swimming	Yes	Name and contact number: Details of advice received:
	No	
Local Authority	Yes	Name and contact number: Details of advice received:
	No	
Children 1st	Yes	Name and contact number: Details of advice received:
	No	
Other (NSPCC etc)	Yes	Name and contact number: Details of advice received:
	No	



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Signature:

Print name:

Date:

A copy should also be sent to Scottish Swimming on wellbeingprotection@scottishswimming.com within 48 hours of incident.

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.