



APPENDIX 1

BRITISH AIKIDO BOARD INCIDENT REPORT FORM

Details of report writer:

Date of report:

Association	Club	Your Name	File Name:
Time and Date of incident			
Brief Details of incident			
Child's Name	Date of Birth	Sex:	M F
Child's Address	Parent/Carer's Address		
Disability (if applicable):			
<u>Ethnic Group</u> (Circle appropriate category)			
White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other, please specify <input type="text"/>
Mixed	<input type="checkbox"/> White Black Caribbean	<input type="checkbox"/> White Black African	<input type="checkbox"/> White Asian
	<input type="checkbox"/> Other mixed background, please specify <input type="text"/>		
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other Asian background, please specify <input type="text"/>		
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	
	<input type="checkbox"/> Other Black background, please specify <input type="text"/>		
Chinese or other Oriental group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other, please specify	<input type="text"/>
Other group not included above	<input type="checkbox"/> Please specify	<input type="text"/>	
or:	<input type="checkbox"/> None of the above – Prefer not to Specify		



Child – state what the child said –

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**Referrer Observed – state only what you saw OR
If reporting on what someone else saw note that with the persons name and ask they write
a brief report of what they observed.**

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Referrer: Please note comments and immediate action taken by you/others

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Identity of Person Implicated in the referral	
Name _____	
Role in Aikido:	Club _____
Relationship between above person and child: _____	
Ethnic origin, please state as per chart above: _____	
Marital Status _____	Age _____
Address _____	
Contact details: Phone: _____	
External Agencies Contacted (Dates & Times)	
Police	Contacted by: _____ Date & Time: _____
	Contact Name and Number: _____
Children's Social Care services	Contacted by: _____ Date & Time: _____
	Contact Name and Number: _____
BAB (e.g.CPO)	Contacted by: _____ Date & Time: _____
	Contact Name and Number: _____
Local Authority	Contacted by: _____ Date & Time: _____
	Contact Name and Number: _____
Other (e.g. NSPCC)	Contacted by: _____ Date & Time: _____
	Contact Name and Number: _____