



BRITISH AIKIDO BOARD

CHILD SAFEGUARDING 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 style="width: 100px;" 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 style="width: 100px;" 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 style="width: 100px;" type="text"/>
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	
	<input type="checkbox"/> Other Black background, please specify		<input style="width: 100px;" type="text"/>
Chinese or other Oriental group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other, please specify	<input style="width: 100px;" type="text"/>
Other group not included above	<input type="checkbox"/> Please specify		<input style="width: 100px;" type="text"/>
or:	<input type="checkbox"/> None of the above – Prefer not to Specify		

Child – stated 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: