

# NORTHERN IRELAND VOLLEYBALL

## INCIDENT RECORD FORM



<b>Organisation:</b>	<i>NORTHERN IRELAND VOLLEYBALL</i>
<b>Your name:</b>	
<b>Your position:</b>	
<b>Child's name:</b>	
<b>Child's address:</b>	
<b>Parents/carers Names &amp; Address:</b>	
<b>Child's date of birth:</b>	
<b>Date and time of any incident:</b>	
<b>Your observations:</b>	
<b>Exactly what the child said and what you said:</b> <b>(Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)</b>	
<b>Action taken so far:</b>	

External agencies contacted (date & time)	
<b>Police</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes – which: Name and contact number: Details of advice received:
<b>Social services/Gateway</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes – which: Name and contact number: Details of advice received:
<b>NI Volleyball</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and contact number: Details of advice received:
<b>Local Council or school</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If appropriate)	If yes – which: Name and contact number: Details of advice received:
<b>Other (e.g. NSPCC)</b>	Which: Name and contact number: Details of advice received:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Remember to maintain confidentiality on a *need to know* basis – only share if it will protect the child. Do not discuss this incident with anyone other than those who need to know.**

**NB A copy of this form should be sent to social services if advised to do so after the telephone report. It should also be shared with the NIVA Safeguarding Officer for monitoring purposes.**