**NZAC Safeguarding incident reporting form**

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| Your name:  | Name of organisation: |
| Your role: |  |
| Contact information (you):*Address: Postcode:**Telephone numbers: Email address:* |
| Child’s name: | Child’s date of birth: |
| Child’s ethnic origin:*Please state* | Does child have a disability:*Please state* |
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|  |  |
| Child’s gender: * Male
* Female
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| Parent’s / carer’s name(s): |
| Contact information (parents/carers):*Address: Postcode:**Telephone numbers: Email address:* |
| Have parent’s / 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 child:**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.* |
| Child’s account of the incident: |

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| 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 child:**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 child:**Date of birth (if child):**Address: Postcode:**Telephone number: Email address:* |
| 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:**Contact person:**Telephone numbers:**Email address:**Agreed action or advice given:* |

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

**Contact the NZAC Nominated Child Protection Lead in line with NZAC reporting procedures.**