

CHILD WELFARE INCIDENT REPORT FORM

Your Organisation's name:
Your name:
Your position:
Are you reporting your concerns or passing on those of somebody else? (Give details)
Brief description of what has prompted these concerns: include dates, times etc. of any specific incidents.
What are the names, age, date of birth, parents/carers names and home address of the child/children involved?
Have you spoken to the child/children and/or parent/carer of the child/children involved? If so, what was said?
Has anybody been alleged to be the abuser? If so, give details.

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Action taken so far:	
External agencies contacted (date & time)	
England Hockey yes/no	Name and contact number: Details of advice received:
Police yes/no	If yes – which: Name and contact number: Details of advice received:
Social services yes/ no	If yes – which: Name and contact number: Details of advice received:
Local authority yes/no	If yes – which: Name and contact number: Details of advice received:
Other (eg NSPCC)	Which: Name and contact number: Details of advice received:

Signature:
Print name:
Date:

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

**THIS FORM SHOULD BE RETURNED TO:
(Please mark your envelope CONFIDENTIAL)
England Hockey Child Welfare Officer
England Hockey
National Hockey Stadium
Silbury Boulevard
Milton Keynes
MK9 1HA**