

Inverclyde Athletic Club



Child Wellbeing and Protection Concern Report Form

PROTECTED – PERSONAL, WHEN COMPLETED

This form is to be completed and passed to the IAC Club Welfare Officer as soon as possible, and in any case within 24 hours.

Complete the relevant sections when the concern relates to the wellbeing of a child. Complete all sections if child abuse is suspected.

The form can also be used to report concerns about inappropriate behaviour or poor practice by a member of staff or volunteer.

When completed this document must be managed in line with the club's data protection policy.

If you are not sure what to do about a concern, seek advice from either the IAC Club Welfare Officer on:

- inverclydeacwelfare@gmail.com
- **0799977412**

or the Scottish Athletics Welfare Officer.

If you have an immediate and serious concern about the safety of a child, contact the police on either 101 or 999, and/or contact social work services. (Contact details of your local social work team can be found on the relevant local authority website).

IAC Committee

October 2019

PROTECTED – PERSONAL, WHEN COMPLETED

1. Details of person reporting:

Name:	Club: Position/Role:
Address:	Tel No:
Postcode:	Mob:
	Email:

2. Child's Details:

Name:	Date of Birth:
Address:	School:
Postcode:	
Tel No:	
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	
Parent/Carer information	
Name:	
Tel No:	

3. Details of person about whom the concern/allegation relates: (only complete where the concern relates to suspected child abuse or the conduct of a member of staff/volunteer)

Name:	Relationship to Child: (e.g. coach/coach assistant/helper/parent or carer etc.)
Address:	Tel No:
Postcode:	
Position within club (coach/parent helper/official etc.)	

PROTECTED – PERSONAL, WHEN COMPLETED

4. Nature of Harm or Concern: (include date, time, location, details of harm/concern, who, what, where, when, how.)

5. Has the child been physically injured? (Do not examine the child – include details of visible or reported injuries, location of injury, and any first aid administered where relevant)

Yes/No:

6. Child's view of the circumstances (if expressed: where possible use the child's own words/if the child is not aware that a report has been raised explain why not)

7. Initial Action Taken:

--

8. Witnesses:

Name	Address	Telephone No.

9. Other persons/agencies contacted:

Time/Date	Name of Contact/Agency	Advice received

10. Have the child's parents/carers been informed? YES/NO (please explain decision):

--

Signed: _____ Date: _____

Print Name: _____ Position: _____