

# BTBA Child Protection Incident Reporting Form



Your name:	Name of organisation:
Your role:	
Contact information (you): <i>Address:</i> <span style="float: right;"><i>Postcode:</i></span> <i>Telephone numbers:</i> <span style="float: right;"><i>Email address:</i></span>	
Child's name:	Child's date of birth:
Child's ethnic origin:	Does child have a disability?
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent(s) / carer(s) name(s):	
Contact information (parents/carers): <i>Address:</i> <span style="float: right;"><i>Postcode:</i></span> <i>Telephone numbers:</i> <span style="float: right;"><i>Email address:</i></span>	
Have parent(s) / carer(s) been notified of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i>	
Name:	
Position within the sport or relationship to the child:	
Telephone numbers: <span style="float: right;">Email address:</span>	
Date and times of incident:	
Details of the incident or concerns: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	
Child's account of the incident:	

<p>Please provide any witness accounts of the incident:</p>
<p>Please provide details of any witnesses to the incident:  <i>Name:</i></p> <p><i>Position within the club or relationship to the child:</i></p> <p><i>Date of birth (if child):</i></p> <p><i>Address:</i> <span style="float: right;"><i>Postcode:</i></span>  <i>Telephone number:</i> <span style="float: right;"><i>Email address:</i></span></p>
<p>Please provide details of any person involved in this incident or alleged to have caused the incident / injury:  <i>Name:</i></p> <p><i>Position within the club or relationship to the child:</i></p> <p><i>Date of birth (if child):</i></p> <p><i>Address:</i> <span style="float: right;"><i>Postcode:</i></span>  <i>Telephone number:</i> <span style="float: right;"><i>Email address:</i></span></p>
<p>Please provide details of action taken to date:</p>
<p>Has the incident been reported to any external agencies?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>If YES please provide further details:</p> <p><i>Name of organisation / agency:</i></p> <p><i>Contact person:</i></p> <p><i>Telephone numbers:</i></p> <p><i>Email address:</i></p> <p><i>Agreed action or advice given:</i></p>

<b>Your Signature:</b>		<b>Print name:</b>	
<b>Date:</b>			

**Contact your organisation's Designated Safeguarding Officer in line with the British Tenpin Bowling Association reporting procedures.**