



Irish Women's Bowling Association

Safeguarding Reporting Form

Name of Club			
Record completed by			
Position			Date
Child/Young Person's Name			
Child/Young Persons Address			
Persons Date of Birth (if under 18)			
Parents/Carer's Names and Address			
Date and time of any incident:	Date	Time	
Your Observations			
Detail <u>exactly</u> what the child/young person said and what you said (Remember do not lead the child/vulnerable adult – record actual details. Continue on a separate sheet if necessary)			
Action taken so far			
Designated Safeguarding Officer informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

External Agencies contacted	
Police <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name: Contact number:	
Health & Social Care Trust/Gateway <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name: Contact number:	
Irish Women's Bowling Association <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name: Contact number:	
Local Council or Education Department (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name: Contact number:	
Other (eg. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name: Contact number:	