

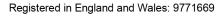
## **SAFEGUARDING - INCIDENT REPORT FORM**

Your name:	Name of organisation:	
Your role::		
Contact information (you):		
Address:	Postcode:	
Telephone numbers:	Email address:	
Child's name:	Child's date of birth:	
	B 1711	
Child's ethnic origin:	Does child have a disability:	
Please state	Please state	
Child's gondon		
Child's gender:  □ Male		
□ Female		
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 els	se: Please provide further information below	
Name:		
Position within the sport or relationship to the ch	ild:	
Telephone numbers:	Email address:	
Date and times of incident:	Email addi 000.	
Details of the incident or concerns:		
Include other relevant information, such as description of any injuries and whether you are recording		

ANG ORGANIZATO

Kickboxing GB Ltd. 94 Ray mill Road West, Maidenhead, Berkshire, SL6 8SL Email: office@kickboxinggb.com Phone: 01628 415923

President: Mr Peter Edwards Vice President: Mr Neville Wray Website: www.kickboxinggb.com

















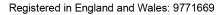


this incident as fact, opinion or hearsay.
Child's account of the incident:
Diagon provide any witness accounts of the incidents
Please provide any witness accounts of the incident:
Please provide details of any witnesses to the incident: Name:
Position within the club or relationship to the child:
Date 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:



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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:		
Your Signature:	Print name:	
Tour Signature.	Fillit name.	
Date:		
Date.		



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