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| Your name: | Name of organisation: |
| Your role:: |  |
| Contact information (you):  *Address: Postcode:*  *Telephone numbers: Email address:* | |
| Person at Risk’s name: | Person at Risk’s date of birth(if child): |
| Person at Risk’s ethnic origin:  *Please state* | Does the person at risk have a disability:  *Please state* |
| Person at Risk’s gender:   * Male * Female * Other | |
| Parent’s / carer’s name(s) if relevant: | |
| Contact information (parents/carers) if relevant:  *Address: Postcode:*  *Telephone numbers: Email address:* | |
| If relevant 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 else: *Please provide further information below* | |
| *Name:*  *Position within the sport or relationship to the person at risk:*  *Telephone numbers: Email address:* | |
| Date and times of incident: | |
| Details of the incident or concerns:  *Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.* | |
| Person at risk’s account of the incident: | |

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| 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:*  *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:*  *Reference Number (if applicable):*  *Contact person:*  *Telephone numbers:*  *Email address:*  *Agreed action or advice given:* |

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| **Your Signature:** |  | **Print name:** |  |
| **Date:** |  | | |

**Please submit this form to** [safeguardingandwelfare@scottish-orienteering.org](mailto:safeguardingandwelfare@scottish-orienteering.org)