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| **Name of club: Weston Hockey Club** |
| Name: | Role: |
| Contact InformationAddress:Eircode: |
| Telephone number: | Email address: |
| Child / Player’s name: | Child / Players DOB: |
| Is there any additional, relevant information to add?  |
| Child / Player’s gender: | Parent’s/carer’s name: |
| Contact information (parents/carers) address:Eircode: |
| Telephone number: | Email address: |
| **Are you reporting your own concerns or responding to concerns raised by someone else (please tick appropriate box below:** |
| Responding to my own concerns |  |
| Responding to concerns raised by someone else |  |
| **If responding to concerns raised by someone else: please provide their information below:** |
| Name: | Position within the sport/relationship to the child/player: |
| Telephone number: | Email address: |
| Date and time of accident/incident: |  |
| Details of the accident/incident or concerns: |
| Include other relevant information, such as description of any injuries and whether you are recording this accident as fact, opinion or hearsay. |
| Child / Player’s account of the accident/incident: |
| Have parents/carers been notify of this accident/incident (tick box)? | Yes | No |
| If **Yes** please provide details of what was said/action? |
| Please provide any witness accounts of the accident/incident (written pages can be attached): |
| **Please provide details of any witnesses to the accident/incident:** |
| Name: | Position within the club or relationship to the child/player: |
| DOB (if witness is a child/U18): |  |
| Address:Eircode:  |  |
| Telephone: | Email: |
| **Please provide details of any person involved in this accident/incident or alleged to have caused the accident/incident/injury:** |
| Name: | Position within the club or relationship to the child/player: |
| DOB (if person is a child/U18): |  |
| Address:Eircode: |  |
| Telephone:  | 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 number: |
| Email address: |  |
| Agreed action or advice given: |
| Signature: | Date: |
| Print Name: |  |
| Contact your organisation’s Designated Safeguarding Officer (DLP) in line with Weston Hockey Club (childwelfareweston@gmail.com) reporting procedures. |