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| --- | --- | --- | --- |
| **Name of club: Weston Hockey Club** | | | |
| Name: | Role: | | |
| Contact Information Address:  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](mailto:childwelfareweston@gmail.com)) reporting procedures. | | | |