

## **Significant Incident Form**

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to Scottish Volleyball's Welfare Officer ([welfare@scottishvolleyball.org](mailto:welfare@scottishvolleyball.org)) as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

### **PART A - WHERE THERE ARE CONCERNS ABOUT GENERAL WELFARE OF A CHILD**

#### 1. Child's Details

Name:	Date of Birth:
Address:	Tel No:
Postcode:	
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	

#### 2. Details of Person Recording Concerns

Name:	Position/Role:
Address:	Tel No:
Postcode:	

3. Details of Incident giving rise to Concerns (including date, time, location, nature of concern, who, what, where, when, why)

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4. Details of any witnesses  
(including names, addresses and telephone contacts)

5. Details of injuries  
(including all injuries sustained, location of injury and action taken)



**PART B - WHERE THERE ARE CONCERNS ABOUT POSSIBLE CHILD ABUSE****6. Details of person about whom there is a concern**

Name:	Relationship to Child:
Address:	Tel No:
Postcode:	

**7. Details of concerns**

(including date, time, location, nature of concern, who, what, where, when, why)

Continue on a separate sheet if necessary)

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**8. Details of any action taken**

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**9. Details of agencies contacted**

(including date, time, name of person contacted and advice received)


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10. Have the child's parents/carers been informed? YES/NO (delete as appropriate)

If yes, record details / If no please state why not:

11. Child's views on situation (if expressed). Where possible, please use the child's own words.

Signed: .....

Date: .....

Print Name: .....

Position: .....