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| **Club & Incident Details:** | | | |
| Club Name: |  | | |
| Venue & Location that the incident took place: |  | | |
| Date of Incident: |  | Time of Incident: |  |
| Name: (person completing this form) |  | Position/Role: |  |
| Contact Email address: |  | Contact Number: |  |

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| **Member (Victim) Details:** | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Date of Birth: |  | | Club: |  |
| Parent/Carer Name: (if Member is under 18) |  | | | |
| Member or Parent Contact number: |  | Member or Parent Contact email: | |  |
| Any special requirements: |  | | | |

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| **Member (person at fault/under investigation) Details:** | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Date of Birth: |  | | Club: |  |
| Parent/Carer Name: (if Member is under 18) |  | | | |
| Member or Parent Contact number: |  | Member or Parent Contact email: | |  |
| Any special requirements: |  | | | |

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| **Your observations:** |  |

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| **Describe below exactly what has occurred:** | | |
| What happened? | Exactly what the child or young person said (write in their words) and what you said:  (Remember, do not lead the child or young person – record actual details. Continue on separate sheet if necessary) | |
| What action was taken? |  | |
| What action needs to be taken? |  | |
| Incident Timeline: | **Case Detail** | **Date** |
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| **Are the Facility Staff Aware and involved?** | Yes | No |
| If yes, what is the contact name and role: | Name: | Role: |
| **Emergency Services Involved?** | Yes: Please detail: | No |
| **Do you need witness statements?** | Yes | No |
| If yes, please list the names of those submitting statements |  | |

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| **External agencies** | **Yes/No** | **If yes - Details of:** |
| Police Scotland | Yes | Name and contact number:  Case Incident Number:  Details of advice received: |
| No |
| Social Services | Yes | Name and contact number:  Details of advice received: |
| No |
| Scottish Volleyball | Yes | Name and contact number:  Details of advice received: |
| No |
| Local Authority | Yes | Name and contact number:  Details of advice received: |
| No |
| Children 1st | Yes | Name and contact number:  Details of advice received: |
| No |

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| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**Where the Police are involved, Danny Traylor, Welfare Officer should be informed as soon as possible (**[**welfare@scottishvolleyball.org**](mailto:welfare@scottishvolleyball.org)**, 07437993737).**

**A copy of this form should also be sent to Scottish Volleyball within 48 hours of incident to** [**welfare@scottishvolleyball,org**](mailto:wellbeingprotection@scottishswimming.com)

**Remember to maintain confidentiality on a *need to know* basis – do not discuss this incident with anyone other than those who need to know.**