

## TEMPLATE CONCERN RECORDING FORM

- Complete Part A of this form if the concerns relate to the general wellbeing of a child.
- Complete Parts A and B if the concerns relate to possible child abuse.

### PART A

### **WHERE THERE ARE CONCERNS ABOUT GENERAL WELLBEING OF A CHILD**

Where the concern does not involve the possibility of abuse, worries may be discussed with parents/carers.

Any significant incidents that cause concern about the wellbeing of a child should be recorded and reported to the Club Child Wellbeing and Protection Officer and parents/carers as soon as possible. If you are not sure what to do if there are concerns about the general wellbeing of a child seek advice from -

- Your club Child Welfare & Protection Officer,
- Scottish Squash Lead Child Wellbeing & Protection Officer:  
[child.protection@scottishsquash.org](mailto:child.protection@scottishsquash.org)
- Safeguarding in Sport Service 0141 419 1156  
[safeguardinginsport@children1st.org.uk](mailto:safeguardinginsport@children1st.org.uk)

#### 1. Child's Details

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

#### 2. Details of situation giving rise to concerns (including date, time, location, nature of concern, who, what, where, when, why)

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#### 3. Details of any witnesses/other people involved (including names, addresses and telephone contacts)

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**4. Details of any injuries** (including all injuries sustained, location of injury and action taken.

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

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**PART B**

**WHERE THERE ARE *CONCERNS ABOUT THE CONDUCT OF AN ADULT***

**1. Details of person about whom there is a concern**

<b>Name:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Postcode:</b>	

**2. Details of concerns:** (date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

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**3. Details of any action taken**

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**4. Details of other persons/agencies contacted: (including date, time, name of person contacted and advice received)**

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**10. Have the child's parents/carers informed? YES/NO If yes, record details / If no please state why not:**

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**Part C – YOUR CONTACT INFORMATION**

**11. Details of Person Recording Concerns**

<b>Name:</b>	<b>Position/Role:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Postcode:</b>	