

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
- Safeguarding in Sport Service 0141 419 1156
safeguardinginsport@children1st.org.uk

1. Child's Details

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

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

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

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

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