

WESTGATE PERFORMANCE CENTRE



Safeguarding Incident Report Form

Before completing the form please consider the following:

- *Have you reassured the child?*
- *Have you been honest and not made promises you cannot keep*
- *Explain why you may have to tell other people in order to stop what is happening*
- *Avoid closed questions and asked as few questions as possible to encourage the child to use their own words*

| Personal Details | | | |
|---------------------------|--|----------------------------|--|
| Your Name: | | Your Position: | |
| Your Contact Number: | | Your email address: | |
| Child's Name: | | Child's D.O.B | |
| Parent / Guardian's Name: | | Parent / Guardian present? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Incident Details | |
|--|-------------------|
| Date of Incident: | Time of Incident: |
| Your Observations: | |
| Exactly what the child said: | |
| Exactly what you said: | |
| Name & Contact Details of Person suspected of causing abuse: | |
| Details of suspected / alleged abuse: | |
| Action taken so far: | |

| | | | |
|---|--|-------|--|
| Form completed by: <i>(Print name)</i> | | | |
| <i>(Signature)</i> | | Date: | |