

CIG INCIDENT FORM

Please ensure that confidentiality is maintained as far as possible.
Only discuss your concerns on a need to know basis.

1. Recorder's Details	
Title:	Mr / Mrs / Miss <i>(Delete as appropriate)</i>
Name:	
Address:	
	Postcode:
Telephone:	
Position:	
Signature:	Date:
2. Details of young person/s	
Name of young person:	
Address:	
	Postcode:
Date of birth:	
Club and County:	
School:	
Contact details of parents (if different from above)	
3. Information regarding person relating to the concern/allegation	
Name:	
Address:	
Position/relationship to young person/s:	

4. Specific details of the concern/allegation

Date/Time/Location of any incidents:

How did the concern/allegation come to your attention?

Nature of allegation/concern

Observations made by you or to you:
e.g. changes in behaviour, inappropriate actions, injuries, etc

5. Record of conversation

Record details of exactly what was said to you, what was said by you.

6. Action taken:**7. Contacts made:**

Child Protection Officer contacted
Date: Time:

Name: Contact number:

Advice received:

Other persons contacted: (please note name and position)

Signature:

Name:

Date:

Time:

You may wish to discuss your concerns with someone outside of the organisation to gain reassurance. The NSPCC Helpline can help with this, and is confidential.

NSPCC Helpline: 0808 800 5000

USEFUL CONTACTS

Please complete the table with local details for quick referral:

Golf Contacts		
Golf NGB Lead Welfare Officer	Address	Number
County Welfare Officer		
Club Welfare Officer		

Please complete the table with local details for quick referral:

Local Contacts		
Local Social Services (including out of office hours contact)		
NB. In an emergency, the Samaritans will hold the SS Duty Officer's contact number		
Local Police child protection teams		
In an emergency contact via 999 .		
NSPCC Freephone 24 hour Helpline		0808 800 5000