

GERRARDS CROSS CRICKET CLUB (GXCC)
**CHILD WELFARE INCIDENT REPORTING FORM**

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| Your information |
| Name  |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Name of organisation  |  | Your role |  |

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|  Personal information – child / young person |
| Name  |  | Date of birth |  |
| Gender[[1]](#endnote-1) | Male🞎 | Female🞎 | Non-binary🞎 | Another description (please state)🞎 |
| Is there any information about the child that would be useful to consider? |

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| Contact information – parent / carer |
| Name(s)  |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Have they been notified of this incident? | No🞎 |  | Please explain why this decision has been taken |
| Yes🞎 |  | Please give details of what was said / actions agreed |

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| Incident details\* |
| Date and time of incident |  |
| Please tick one:  | 🞎 | I am reporting my own concerns. | 🞎 | I am responding to concerns raised by someone else – please fill in their details: |
| Name of person raising concern |  | Role within the sport or relationship to the child |  |
| Contact number(s)  |  |
| Email  |  |
| Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)\* Attach a separate sheet if more space is required (e.g. multiple witnesses) |

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| Child’s account of the incident |
| Please provide any witness accounts of the incident |
| Name of witness (and date of birth, if a child) |  | Role within the sport or relationship to the child |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Details of any person involved in this incident or alleged to have caused the incident / injury |
| Name (and date of birth, if Under 18) |  | Role within the sport or relationship to the child |  |
| Address |  |
| Contact number(s)  |  |
| Email  |  |
| Please provide details of action taken to date  |
| Has the incident been reported to any external agencies? | 🞎 | No | 🞎 | Yes – please provide further details: |
| Name of organisation / agency |  |
| Contact person  |  |
| Contact number(s)  |  |
| Email  |  |
| Agreed action or advice given |

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| Declaration |
| Your signature | 🗶 |
| Print name |  |
| Today’s date |  |

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| Contact The GXCC Child Welfare Officer |
| Child Welfare Officer Name and Contact Details | Dr. Claude SeimonT: 07979 713548 Email: claudeseimon@gmail.com  |
| Date reported |  |

1. [↑](#endnote-ref-1)