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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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? | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |

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

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

1. [↑](#endnote-ref-1)