



HOLMESDALE F.C.

FORMED 1956
Members of the
Kent Football League

CHILD WELFARE INCIDENT REPORT FORM	Incident Number:
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Notes:

- a. This form is to be used to report **all** Child Welfare related incidents.
- b. An "Incident" is any event, which it is believed, jeopardises or raises concern, for the well-being of any young person under the control of, or involving any member of Sutton United Colts FC (SUFC). Any such event **must** be reported for consideration for action by the CWO and the SUFC committee.
- c. Initial compilation of this form is the responsibility of the person becoming aware of the incident.
- d. Separate forms shall be raised for each incident.
- e. All incidents are to reported to the CWO & the club chairperson by telephone as soon as possible of the incident taking place.
- f. The completed Report Form is to submitted within 24 hours. This action should be carried out, even if an incident number has not yet been allocated.
- g. All incident Forms are to be transmitted in a Sealed Envelope, at any stage of the following process.

1) About the Incident:

When did it happen?	Date:	Time:
Where did it happen? (away or home match, on/off pitch etc)		

2) About the person believed to be at risk:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR			Gender:
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			



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4) Full name of any other person(s) involved:

Involved Person #1:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			

Involved Person #2:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			

5) Witnesses

(Please give names and address of witness and if no witness then you should state this)

Witness #1:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			



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Witness #2:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			

Witness #3:

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			

6) **Person Reporting the Incident:**

Full Name:			
Address:			
		Post Code:	
DOB/Age: OR		Gender:	
Telephone:		Mobile:	
Email:			
Club Position: (eg. Player, manager, coach, parent)			



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Committee Follow-on Corrective Actions:

7) Discussions at Committee:

8) Committee Recommendations to prevent similar Incident:

9) Actions.

Internal:

Club Officer Actioned:	Action	Outcome	Completion	
			Signed:	Date
CWO				
Chairman				



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External:

Agency:	Action	Outcome	Completion		
			Signed	BY	Date:
Surrey FA					
Kent FA					
Police					
Southern Youth League					
Epsom & Ewell League					

I certify that all necessary investigation and recommendation actions have been completed. I consider the incident closed.

	Signature	Date:
Club Chairperson		