**Under 18 Incident reporting form**

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| --- | --- | --- | --- |
| **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? | | | | | |

The gender box is optional rather than mandatory. Sometimes, software can restrict options, which will require compromising on this best practice until systems are updated. If any software limitation occurs to prevent this being optional, please let WTSF know by emailing [safeguarding@wtsf.org.uk](mailto:safeguarding@wtsf.org.uk) so that we are aware of the restriction and can work to resolve it.

|  |  |  |  |
| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (continued)** | | | | | | | |
| 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 a child) |  | | 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 |  |

|  |  |
| --- | --- |
| Contact your organisation’s Designated Safeguarding Officer in line with **Welsh Target Shooting Federations**’ reporting procedures | |
| Safeguarding Officer’s name |  |
| Date reported |  |

1. Please email your completed form to: safeguarding@WTSF.org.uk

   If you need immediate support contact:

   **NSPCC Helpline:**If you're worried about a child, even if you're unsure, contact the NSPCC professional counsellors for help, advice and support.

   The helpline is open every day. Call **0808 800 5000** or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

   **If you think a child is in immediate danger, call the police.** [↑](#endnote-ref-1)