	Form	Document Number: QF9
YOUTH SPORT TRUST	**Safeguarding Report**	Document Owner: Management Rep Approved by: Lead Safeguarding Officer Version number: 2 Updated: 02/12/2020

Log No:

For **medical issues, accident** or **incident** please complete the form and give to a member of the Safeguarding Team as soon as possible.

To report a **safeguarding concern**, please complete this form and attach any other relevant information and give to a member of the Safeguarding team.

Participant Personal Details – all information below must be completed

Name of participant:		**DOB:**	
School Group Details: Name etc.			
Accommodation Details: Hotel, Room Number			
Individual Completing Form:		**Role:**	

Details

What has happened (include as much information as possible – using an extra sheet of paper if required):

Where did it happen (include session name, room or place):

When did it happen (include date and time):

Immediate Action

State what immediate action was taken:	By Who, Date and Time:

Is this now closed? Yes / No

If **Yes,** sign off the incident on Page 2.   If **No,** state follow up action required on Page 2.

Remember: Confidentiality is the key!   Please give this form to a member of the Safeguarding Team.

Follow Up Actions

Follow Up Actions required	What follow up actions were taken?	By Who, Date and Time

Is this now closed? Yes / No

If **Yes,** sign off the incident below.   If **No**, state further follow up action required below.

Follow Up Actions required	What follow up actions were taken?	By Who, Date and Time

Is this now closed? Yes / No

If **Yes,** sign off the incident below.   If **No**, use another Incident Report Form to carry out follow up.

Incident Sign Off

Name of Safeguarding Team Member:		Date:	

Remember: Confidentiality is the key! Please give this form to a member of the Safeguarding Team.