



INCIDENT REPORT FORM

CHILD PROTECTION

Club:
Your name:
Your position:
Are you reporting your own concern or that of someone else <ul style="list-style-type: none">• Own concerns• Other persons concerns Name: Contact Details:
IRFU Registration Number:
Parents/carers names and address:
School:
Child's date of birth:
Date and time of any incident:
Your observations/ What prompted concerns:



Exactly what the child said and what you said:

(Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)

Action taken so far:

Have the child's parents been informed:

Yes

No

External agencies contacted (date & time)

Gardaí Yes/No

Health Service Executive

Yes/ No

Governing Body Children's Officer

Yes/No



Other (e.g. NSPCC/, ISPCC)

Signature:

Print name:

Date:

Remember to maintain confidentiality on a *need to know* basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

NB: A copy of this form should be sent to the Health Service Executive after the telephone report and to the Governing Body Children's Officer for monitoring purposes.