

Incident Report Form

DETAILS OF PERSON REPORTING:

FORENAME: _____ SURNAME: _____

ADDRESS: _____

TEL: _____ EMAIL: _____

YOUR POSITION: _____

ARE YOU REPORTING YOUR OWN CONCERN OR THAT OF SOMEONE ELSE?

OWN CONCERN

OTHER PERSONS CONCERN

DETAILS OF PERSON CONCERNED (IF DIFFERENT FROM ABOVE):

FORENAME: _____ SURNAME: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

PARENTS/GUARDIANS NAMES AND ADDRESS

IF IT IS A CHILD PROTECTION ISSUE THEN PLEASE FILL OUT THE FOLLOWING INFORMATION:

HAVE THE CHILD'S PARENTS BEEN INFORMED? YES / NO

HAVE EXTERNAL AGENCIES BEEN CONTACTED? YES / NO

GARDAI: _____ DATE: _____ TIME: _____

NAME: _____ TEL: _____

ADVICE:

HSE: DATE: _____ TIME: _____

NAME: _____ TEL: _____

ADVICE:

OTHER*: _____ DATE: _____ TIME: _____

NAME: _____ TEL: _____

ADVICE:

* i.e. BASKETBALL IRELAND, SOCIAL SERVICES, NSPCC

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Remember to maintain confidentiality on a *need to know* basis. Do not discuss this incident with anyone other than those who need to know. A copy of this form should be sent to the Moycullen Basketball Club's Child Protection Officer and Chairman, the social services after the telephone report, and to the Basketball Ireland Children's Officer for monitoring purposes.

Accident & Incident forms for U18 down: forward to CPO

Accident & Incident forms for U20 & above: forward to Senior Men's Secretary