Irish Table Tennis Association Ltd ULSTER BRANCH



Child Safeguarding Incident Reporting Form

Guidance

This incident reporting form is designed to provide a structure to information gathering and recording. It is important that the form is completed as soon as possible after a concern is raised, as memory of any incident will be more reliable. Once completed it should be forwarded to the National Children's Officer as soon as possible, email: safeguarding@tabletennisireland.ie. Remember it is not your job to investigate any reported incident, this is a matter for the relevant authorities.

If you think a child is in immediate danger phone the Garda or the Police as appropriate, and if a child is injured please contact the emergency services immediately.

Your name:	Name of organisation:
Your role:	Date:
Contact information (you):	
Address:	Postcode:
Telephone numbers:	Email address:
Child's name:	Child's date of birth:
Child's ethnic origin:	Does child have a disability:
Please state	Please state
Child's gender:	
☐ Male	
☐ Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
Address:	
	Postcode:
 Telephone numbers:	Email address:
Have parents / carers been notified of conce	
☐ Yes	cilis:
	d/action agreed
If YES please provide details of what was said/action agreed:	
If NO please state why:	
y.	

Are you reporting your own concerns or responding to	concerns raised by someone else:	
☐ Reporting my own concerns		
☐ Responding to concerns raised by someone else		
If responding to concerns raised by someone else, plea	ase provide additional information below	
Name of person raising concerns:		
Position within the sport and/or relationship to the ch	ild:	
 Telephone numbers:	Email address:	
Date and times of incident:	Ziman daareesi	
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.		
What happened?		
Child's account of the incident:		
Please provide any witness accounts of the incident:		
,		
Please provide details of any witnesses to the incident		
Name:		
ivanic.		
Position within the club and/or relationship to the child	d:	
Date of birth (if child):		
Address:	Postcode:	
Telephone number:	Email address:	

Please provide deta injury: <i>Name:</i>	ails of any person involved in this incident or alleged to have caused the incident /
Position within the	club or relationship to the child:
Date of birth (if chil	ld):
Address:	Postcode:
Telephone number:	
Please provide deta	ails of action taken to date:
	een reported to any external agencies?
□ Yes □ No	
If YES please provid	le further details:
Name of organisati	
Contact person:	
Telephone numbers	S:
Email address:	
Agreed action or ad	dvice given:
L	
Your Signature:	Print name:
Date:	

Contact your National Children's Officer in line with Table Tennis Ireland_reporting procedures.

There is little doubt that the experience of being involved in a safeguarding incident has the potential to be distressing, and it is important that workers have the opportunity to talk about their experience in a safe and supportive environment. Some sources of support include your own GP, your health board and the National Children's Officer.