Recording form for Safeguarding/incident/accident

This form can be found at WELFARE – Tri-Anglia Triathlon Club

Coaches and volunteers are required to complete this form and email it to welfare@tri-anglia.co.uk **without delay** in the event of a safeguarding concern, incident or accident.

If the incident/accident takes place at an authorised venue, then this may necessitate completion of the setting's own documentation. In such cases, please request a copy and forward that to welfare@tri-anglia.co.uk

Date	
Time of incident	
Location	
Type of concern (more than 1 box can be selected)	o Safeguarding o Incident o Accident

Information Required	Enter Information Here
Full name of child/adult	

Information Required	Enter Information Here
Date of birth	
Home address if known	
Your name and role (delete as appropriate)	Activator Coach Volunteer Club member Competitor Spectator Visitor Other
Nature of concern/disclosure *Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said* *Ensure that if there is an injury this is recorded (size and shape) and a body map is completed* *Make it clear if you have a raised a concern about a similar issue previously*	
Was any equipment involved?	Please describe – or add n/a
Did the incident/accident involve a vehicle?	Please describe – or add n/a
Was safety equipment or clothing necessary for the activity being undertaken at the time of the incident?	Please describe – or add n/a
Was safety equipment or clothing being used for the activity being undertaken at the time of the incident?	Please describe – or add n/a
Were any other non-Tri-Anglia adults involved (e.g. lifeguard etc.)	Please describe – or add n/a
Were there any other relevant witnesses?	Please describe – or add n/a
Injury details	Please describe and indicate on the body maps at the end of this recording form – or add n/a
Was First Aid administered?	Please describe – or add n/a
Who provided First Aid?	Please describe – or add n/a

Information Required	Enter Information Here
Did a health professional provide further treatment?	Please describe – or add n/a
Any loss or damage?	Please describe – or add n/a
Were emergency services contacted? By whom?	Please describe – or add n/a
Your Signature	
Time and date form received by Welfare Officer	
Additional actions taken by Welfare Officer	**Welfare Officer only**
Referral made to CADS [yes/no, date and time]	Please describe – or add n/a
Referral Made to British Triathlon [yes/no, date and time]	Please describe – or add n/a
Referral Made to Active Norfolk [yes/no, date and time]	Please describe – or add n/a
Parents/carers informed [yes/no, date and time]	Please describe – or add n/a
Feedback given to child [yes/no, date and time]	Please describe – or add n/a
Feedback given to person who recorded disclosure [yes/no, date and time]	Please describe – or add n/a
Further action agreed	Please describe – or add n/a
Full name of Welfare Officer	**Welfare Officer only**
Signature of Welfare Officer	**Welfare Officer only**
Date of signature	**Welfare Officer only**