



# NIPGL Safeguarding Reporting Form

<b>Insert Name of Club</b>	
Record completed by:	
Position:	Date:
Child/Young Person's Name:	
Child/Young person's Address:	
Persons Date of Birth if under 18:	
Parents/Carer's Names and Address:	
Date and time of any incident:	Date: _____ Time: _____
Your Observations:	
<p><b>Detail <u>exactly</u> what the child/young person said and what you said :</b></p> <p>(Remember do not lead the child/vulnerable adult – record actual details. Continue on a separate sheet if necessary)</p>	
Action taken so far:	



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Designated Safeguarding Officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>External Agencies contacted</b>	
<b>Police</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b>	<b>Details of advice received:</b>
<b>Name:</b>	
<b>Contact number:</b>	
<b>HSCT/Gateway</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch contacted:</b>	<b>Details of advice received:</b>
<b>Name:</b>	
<b>Contact number:</b>	
<b>Irish Bowling Association</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Details of advice received:</b>
<b>Name:</b>	
<b>Contact number:</b>	
<b>Local Council or Education Department (if appropriate)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Org name:</b>	<b>Details of advice received:</b>
<b>Name:</b>	
<b>Contact number:</b>	
<b>Other (e.g. NSPCC)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Details of advice received:</b>
<b>Name:</b>	
<b>Contact number:</b>	