



GERRARDS CROSS CRICKET CLUB (GXCC) CHILD WELFARE INCIDENT REPORTING FORM

| Your information | | | |
|----------------------|--|-----------|--|
| Name | | | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Name of organisation | | Your role | |

| Personal information – child / young person | | | | | |
|--|----------------------------------|------------------------------------|--|--|--|
| Name | | | | Date of birth | |
| Gender ⁱ | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Non-binary <input type="checkbox"/> | Another description (please state) <input type="checkbox"/> | |
| Is there any information about the child that would be useful to consider? | | | | | |

| Contact information – parent / carer | | |
|---|---------------------------------|---|
| Name(s) | | |
| Address | | |
| Contact number(s) | | |
| Email | | |
| Have they been notified of this incident? | No <input type="checkbox"/> | Please explain why this decision has been taken |
| | Yes <input type="checkbox"/> | Please give details of what was said / actions agreed |

| Incident details* | | | |
|---|--|---|--|
| Date and time of incident | | | |
| Please tick one: | <input type="checkbox"/> I am reporting my own concerns. | <input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details: | |
| Name of person raising concern | | Role within the sport or relationship to the child | |
| Contact number(s) | | | |
| Email | | | |
| 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) | | | |
| * Attach a separate sheet if more space is required (e.g. multiple witnesses) | | | |

| | | | |
|---|--|--|--|
| Child's account of the incident | | | |
| Please provide any witness accounts of the incident | | | |
| Name of witness (and date of birth, if a child) | | Role within the sport or relationship to the child | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Details of any person involved in this incident or alleged to have caused the incident / injury | | | |
| Name (and date of birth, if Under 18) | | Role within the sport or relationship to the child | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Please provide details of action taken to date | | | |
| Has the incident been reported to any external agencies? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes – please provide further details: |
| Name of organisation / agency | | | |
| Contact person | | | |
| Contact number(s) | | | |
| Email | | | |
| Agreed action or advice given | | | |

| Declaration | |
|----------------|---|
| Your signature |  |
| Print name | |
| Today's date | |

| Contact The GXCC Child Welfare Officer | |
|--|---|
| Child Welfare Officer Name and Contact Details | David Reynolds T: 07584 065811 Email: djrandgjr@hotmail.co.uk |
| Date reported | |