

Section E

WORLD TANG SOO DO ASSOCIATION (GREAT BRITAIN) INCIDENT FORM

Reporting incidents or concerns of abuse or poor practice.

Please give as much information as possible, using extra sheets if necessary. Once completed then pass to your Designated Child Protection Officer or in their absence to another DCPO as soon as is reasonably possible.

Name of Child, young person or vulnerable adult:

Name: _____

Home Address: _____

D.O.B. ____/____/____

Tel No. _____

Assoc ID. _____

Name of Parents

Mr. _____

Mrs _____

Any Special factors to be considered (e. g. Language difficulties, disability or anything else of relevance.)

Are your reports your own concerns or passing on those of somebody else ?

Details:

What has prompted the concerns ? Include dates, times and details of any specific incidents, ensuring all information is written factually.

What (if any) physical, behavioural or indirect signs were present?

If the child, young person or vulnerable adult has spoken to you. Record what was said using the child's, young person's or vulnerable adult's own words in quotes(" ")

Has anyone been alleged to be the abuser? Yes () No ()

Details

Have you consulted anyone else? Yes () No ()

Details

Is there anyone else who might be involved in the incident? Yes () No ()

(Anyone who may have seen or heard things relating to the incident)

Details:

Any other relevant information ?

Your Name:

Your Rank:

Your contact details:

Address : _____

Tel No. _____

Mobile: _____

Assoc. No. _____

Post code : _____

Signature:

Date: / /

Name of person receiving this report.

Position:

Action Taken

Signature:

Date: / /

Use this body map to identify any , bruising, marks, or injuries significant to the alleged incident.

Front



Back



Please attach this body map diagram to the Incident form.