**Dance Network Association Safeguarding Incident Report Form**

**Date incident reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person recording the incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Details:**

|  |
| --- |
| **Name of person reporting the incident:** |
| **Job Title:** |
| **Knowledge and relationship to child/vulnerable adult:** |
| **Contact Address:** |
| **Telephone number:** |
| **Email:** |

**Child/Vulnerable Adult Details:**

|  |
| --- |
| **Full name of child/vulnerable adult:** |
| **Date of Birth if known:** |
| **Contact Address:** |
| **Telephone number:** |
| **Details of disability if applicable:** |

**Incident Details:**

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| --- |
| **Date and time of incident:** |
| **Location of incident:** |
| **Nature of the incident**  **(Where applicable, in the child/vulnerable adult’s own words):** |
| **Detail any observations made or made to you and/or injuries (e.g visible bruising, emotional state)**  **Make a clear distinction between what is fact and hearsay:** |
| **Actions taken so far:** |

**Alleged Abusers’ Details (if known)**

|  |
| --- |
| **Name:** |
| **Date of Birth/age:** |
| **Relationship to child/vulnerable adult:** |
| **Occupation:** |
| **Contact Address:** |
| **Telephone number:** |
| **Details of disability if applicable:** |

**Who has the information been shared with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency** | **Yes/No** | **Contact**  **name** | **Contact**  **number** | **Date** | **Time** | **Details of advice**  **received** |
| Police |  |  |  |  |  |  |
| Social  Services |  |  |  |  |  |  |
| NSPCC |  |  |  |  |  |  |
| Other:    (Please  state  name/s) |  |  |  |  |  |  |

**I acknowledge the details described are accurate and will remain strictly confidential between myself and the correct reporting channels:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit this form immediately to the Deputy DSO**

**Gemma Wright gemma@dancenetworkassociation.org.uk**