**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:**

|  |
| --- |
| **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**