

POLMONT ROAD, LAURIESTON, FALKIRK, FK2 9QT

CHILD PROTECTION RECORDING FORM

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OVERVIEW

This form must be completed as soon as possible after receiving information that causes a concern.

Contact the club's child wellbeing and protection officer (CWPO) Peter Alexander on 07966 305 324, then email this completed form as soon as possible after completion to:

• <u>coaching@lauriestonbowlingclub.com</u>

Do not delay by attempting to obtain information to complete all sections.

Do not keep any electronic, printed or written versions of this form.

Parts

Part A: complete where the concern relates to the wellbeing of a child.

Part B: complete where the concern relates to the conduct of an adult.

Part C: complete to provide your contact information.

PART A: WHERE THE CONCERN RELATES TO THE WELLBEING OF A CHILD

SECTION 1: DETAILS OF CHILD			
Name			
Address			
Postcode			
Telephone number			
Date of birth or age			
School			
Preferred language			
Interpreter required?			
Additional needs?			

SECTION 2: DETAILS OF CONCERNS

Include details such as date, time, location, and nature of concerns (ie who, what, where, when and why).

SECTION 3: DETAILS OF WITNESSES/OTHERS INVOLVED

SECTION 4: DETAILS OF INJURIES

SECTION 5: DETAILS OF CHILD'S VIEWS

PART B: WHERE THE CONCERN RELATES TO THE CONDUCT OF AN ADULT

SECTION 1: DETAILS OF ADULT		
Name		
Address		
Postcode		
Telephone number		
Relationship to child		

SECTION 2: DETAILS OF CONCERNS

Include details such as date, time, location, and nature of concerns (ie who, what, where, when and why).

SECTION 3: DETAILS OF ANY ACTION TAKEN

SECTION 4: DETAILS OF OTHER PERSONS/AGENCIES CONTACTED

SECTION 5: DETAILS OF HOW CHILD'S PARENTS/CARERS HAVE BEEN INFORMED?

PART C: CONTACT INFORMATION

SECTION 1: DETAILS OF PERSON RECORDING CONCERNS			
Name			
Address			
Postcode			
Telephone number			
Position/role			

SECTION 2: DETAILS OF SUBMISSION		
Signature		
Date		