



Significant Incident Form

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to the Scottish Volleyball Association [Child Protection Officer](#) as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

PART A WHERE THERE ARE CONCERNS ABOUT GENERAL WELFARE OF A CHILD

1. Child's Details

Name:	Date of Birth:
Address: Postcode:	Tel No:
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	

2. Details of Person Recording Concerns

Name:	Position/Role:
Address: Postcode:	Tel No:

3. Details of Incident giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

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4. Details of any witnesses

(including names, addresses and telephone contacts)

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5. Details of injuries

(including all injuries sustained, location of injury and action taken)

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PART B WHERE THERE ARE CONCERNS ABOUT POSSIBLE CHILD ABUSE

6. Details of person about whom there is a concern

Name:	Relationship to Child:
Address: Postcode:	Tel No:

7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why
Continue on a separate sheet if necessary)

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8. Details of any action taken

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9. Details of agencies contacted

(including date, time, name of person contacted and advice received)

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10. Have the child's parents/carers been informed? YES/NO (delete as appropriate)

If yes, record details / If no please state why not:

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11. Child's views on situation (if expressed). Where possible, please use the child's own words.

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Signed:

Date:

Print Name:

Position: