**basketball**scotland **Template Concern Recording Form**

* Complete Part A & C of this form if the concerns relate to the general wellbeing of a child or young person.
* Complete parts A , B & C if the concerns relate to possible child abuse.

**PART A: Where there are concerns about the general wellbeing of a child**

Where the concern does not involve the possibility of abuse, worries may be discussed with parents / carers. Any significant incidents that cause concern about the wellbeing of a child should be recorded and reported to the Club Child Wellbeing and Protection Officer and parents / carers as soon as possible. Seek advice from theCWPO, the **basketball**scotland CWPO or the Child Wellbeing and Protection in Sport service if you are not sure what to do if there are concerns about the general wellbeing of a child or young person.

**1. Child’s Details:**

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

**2. Details of situation giving rise to concerns** (includingdate, time, location, nature of concern, who, what, where, when, why):

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| --- |
|  |

**3. Details of any witnesses/other people involved** (including names, addresses and telephone contacts):

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|  |

**4. Details of any injuries** (including all injuries sustained, location of injury and action taken):

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**5. Child’s views on situation (if expressed). Where possible, please use the child’s own words:**

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| --- |
|  |

**PART B: Where there are concerns about the conduct of an adult**

1. **Details of person about who there is a concern:**

|  |  |
| --- | --- |
| **Name:** | **Relationship to Child:** |
| **Address:** **Postcode:** | **Tel No:** |

1. **Details of concerns** (date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary):

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|  |

1. **Details of any action taken:**

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|  |

1. **Details of other persons/agencies contacted** (includingdate, time, name of person contacted and advice received):

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| --- |
|  |

**10. Have the child’s parents / carers been informed? YES/NO**

**If yes, record details:**

**If no, please state why not:**

|  |
| --- |
|  |

**Part C: Your contact information**

**11. Details of Person Recording Concerns:**

|  |  |
| --- | --- |
| **Name:** | **Position/Role:** |
| **Address:** **Postcode:** | **Tel No:** |