



RCC Reporting Form for Welfare Incidents or Concerns

RCC Incident/Concern Reporting Form: Private and Confidential

Section 1 Details of the child and their parent/carer:		
Name of child:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	D.o.B (if known):
Parent/carer's name(s):		
Home address (including postcode):		
Tel:		Email (if known):
Section 2 Your details:		
Your name		
Your address (including postcode) Tel: Email :	Your position (e.g Club Welfare Officer, parent, coach or other role)	Date and time of incident / period of concerns:
Section 3 Your report:		
I am: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	If responding to concerns raised by someone else, please provide their name and position within the club (if known) :	
Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the account of others, including any other relevant details:		
The child's account, if it can be given, of what has happened and how:		
Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:		
Please provide details of any witnesses to the incident(s) / anyone who shares the concerns		
Concerns about an adult's behaviour: If your concern is about the behaviour of an adult or adults, in respect of children, please provide information here. Please include as much information as possible, including whether you are reporting known fact, opinion or hearsay. (Please note it is acceptable to provide opinion so long as this is identified as such):		
Any other relevant information:		



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Have you spoken to the parents? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details of what was said:.....
Have you spoken to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details of what was said:.....
Have you spoken to the person about whom the allegation is made / the concern is being raised? IF NOT, DO NOT Yes <input type="checkbox"/> No* <input type="checkbox"/> *Please DO NOT approach them	If yes please provide details of what was said:.....
As far as you are aware, is the individual aware of the allegation / concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	
As far as you are aware, is the individual aware of the allegation / concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide details of any action taken to date:	
Have you informed the statutory authorities? Children's Social Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Police: Yes <input type="checkbox"/> No <input type="checkbox"/> LADO: Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide the name of the person and his/her contact number / email address:
Data protection The Club, the relevant County Board(s) and the England and Wales Cricket Board Limited (ECB) will each use the information in this form (together with other information they obtain as a result of any investigation) (together " Information ") to investigate the alleged incident, to follow the "Safe Hands – Cricket's Policy for Safeguarding Children" and to take whatever action is deemed appropriate. This may involve disclosing certain information to a number of organisations and individuals including relevant clubs and County Boards, individuals that are the subject of an investigation and/or governmental authorities such as the Police, Children's Social Care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.	

What to do next

The contents of this report should be passed to the Club Welfare Officer/County Welfare Officer. If advised to do so by the County Welfare Officer, a copy of this form should be forwarded to them, or to the ECB Safeguarding Team, Lord's Cricket Ground, London. NW8 8QZ. Please mark the envelope **Private and Confidential**. Please retain the original copy of this form and any other original notes you have made, retaining these in a private and secure location.

OFFICE USE ONLY	
Data Protection Notice Protocol Applied YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date:	Name: