

SAFEGUARDING INCIDENT REPORT FORM (SIRF) *page 1*

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| Club/Organisation's Name: | |
|----------------------------------|--|

Your Details

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|-----------------------|--|
| Position/Role: | |
|-----------------------|--|

| | | | |
|--------------------|--|-----------------|--|
| First Name: | | Surname: | |
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|-----------------|--|
| Address: | |
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| | Postcode: | |
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| Email Address: | |
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|------------------------------|--|------------------------------|--|
| Daytime phone number: | | Evening phone number: | |
|------------------------------|--|------------------------------|--|

Young Person's Details

| | | | |
|--------------------|--|-----------------|--|
| First Name: | | Surname: | |
|--------------------|--|-----------------|--|

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|-----------------------|--|----------------|--|
| Date of Birth: | | Gender: | |
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|-----------------------------|--|------------------------------------|--|
| Parent/Carer's Name: | | Parent/Carer's Contact Tel: | |
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| Address: | |
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| | Postcode: | |
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| Disability (if any): | |
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|---|-------------------------------|----------------------------------|---------------------------------------|------------------------------------|----------------------------------|
| Ethnic Origin (please circle): | White British | White Irish | White Other | Mixed – White & Black Caribbean | Mixed – White & Black African |
| Mixed – White & Asian | Asian/Asian British Indian | Asian/Asian British Pakistani | Asian/Asian British Bangladeshi | Asian/Asian British Other | Black/Black British Caribbean |
| Black/Black British African | Black/Black British Other | Chinese | Other Ethnic Group (please state): | | |

Details of the individual whose behaviour you have concerns about

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|-----------------------|--|
| Position/Role: | |
|-----------------------|--|

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|--------------------|--|-----------------|--|
| First Name: | | Surname: | |
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|-----------------|--|
| Address: | |
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| | Postcode: | |
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SAFEGUARDING INCIDENT REPORT FORM (SIRF) *page 2*

| | | | | | | |
|----------------------|--|--------------------------------------|----------|-----------|-----------|---------|
| Phone number: | | Age Band (please circle): | Under 18 | 18-25 yrs | 25-50 yrs | 50 yrs+ |
|----------------------|--|--------------------------------------|----------|-----------|-----------|---------|

Relationship to the young person for whom there is concern:

**Are you reporting your concerns or passing on those of somebody else?
if the latter, please provide their name and if possible contact details***

**Please describe the concerns/observations.
Include dates, times, venues, etc of any specific incidents.***

**Have you spoken to the young person(s)?
if so, please give details of what was said and when***

**Have you spoken to the parent/carer of the young person(s) involved?
if so, please give details of what was said and when***

Action taken so far:*

External agencies contacted to date

| Organisation | Yes/No | Name & Position | Contact Details | Advice received |
|------------------------|--------|-----------------|-----------------|-----------------|
| Volleyball England | | | | |
| Police | | | | |
| Children's Social Care | | | | |
| Other (e.g. NSPCC) | | | | |

Signed: **Date:**

Print Name:

*Please continue on a separate sheet where necessary
Remember to maintain confidentiality. Do not discuss this incident with anyone other than those who need to know.
This form should be returned to either the Club or Regional Safeguarding Officer in your locality or Volleyball England's Lead Safeguarding Officer at Volleyball England, marked 'PRIVATE & CONFIDENTIAL'.