

## BRITISH GYMNASTICS CHILD PROTECTION INCIDENT FORM

This form should be used by Club Welfare Officers to record the details of any concerns raised. A copy should be sent to the Ethics and Welfare Manager at British Gymnastics. If there is more than one alleged victim a separate form should be completed. All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. Please note that where a concern is immediate please make initial contact by telephone and return the completed form as soon as possible. The form should be completed for all levels of concern, even where no immediate action may be necessary.

### DETAILS OF PERSON COMPLETING THE FORM

Name: \_\_\_\_\_

Club Name \_\_\_\_\_

Position: *(Welfare officer, Coach, club official, volunteer, parent, gymnast etc)* \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Contact number \_\_\_\_\_

Name / details of person who raised concern *(if different from above)* \_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF PERSON CONCERN IS ATTRIBUTED TO

Name \_\_\_\_\_

Position \_\_\_\_\_

Club Name \_\_\_\_\_

Relationship to alleged victim \_\_\_\_\_

### DETAILS OF ALLEGED VICTIM

Name \_\_\_\_\_

Club \_\_\_\_\_ Discipline \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of incident(s) \_\_\_\_\_

Address of parent /  
carer \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Contact number \_\_\_\_\_

Any identified special needs or  
disability \_\_\_\_\_

