



SG 1 - Incident reporting form

This form must be completed and submitted within **24 hours** of the incident. Contact the FAW Safeguarding Department safeguarding@faw.cymru in line with your organisation's reporting procedures.

Name of person reported to	
Date reported	

Your information		
Name		
Address		
Contact number(s)		
Email		
Name of organisation		Your role

Personal information – child / young person					
Name				Date of birth	
Gender ⁱ	Male ☐	Female ☐	Non-binary ☐	Prefer not to say ☐	Another description (please state) ☐
Is there any information about the child that would be useful to consider?					

It is good practice for the question on gender to be optional rather than mandatory. Sometimes, software can restrict options, which will require compromising on this best practice until systems are updated. Any system or software limitations should be openly acknowledged by the organisation so that transgender people know the organisation is aware of the restrictions and is working to resolve it.

Contact information – parent / carer		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No ☐	Please explain why this decision has been taken
	Yes ☐	Please give details of what was said / actions agreed



Incident details*			
Date and time of incident			
Please tick one:	☐ I am reporting my own concerns.	☐ I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the sport/activity or relationship to the child	
Contact number(s)			
Email			
Details of the incident or concerns (Include information such as times, dates, description of any injuries and if any other parties were involved, and whether you are recording this incident as fact, opinion or hearsay. Also include any other relevant information known about the family's/child's circumstances.) The below heading will help you. You can use bullet points where necessary. 1. Reason for Referral / Nature of Concern 2. Actions Already Taken 3. Protective Factors (strengths) 4. What Support is Being Requested Child's Voice Child's account of the incident – the Child's voice which includes non-verbal communications, child's behaviour/how they present. Try to use their exact words using the TED questions. Please provide any witness accounts of the incident			



Name of witness (and date of birth, if a child)		Role within the sport/activity or relationship to the child	
Address			
Contact number(s)			
Email			
Details of any person involved in this incident or alleged to have caused the incident / injury			
Name (and date of birth, if a child)		Role within the sport/activity or relationship to the child	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

EXTERNAL AGENCIES CONTACTED

Organisation	Yes /No	Name & Number of Person Spoken To	Date & Time	Details of Advice Received
Football Association of Wales				
Police				
Children's Social Services				
Other (NSPCC, LADO)				



Information contained on this form will form part of the FAW's investigation to the alleged incident and assist the FAW to take whatever action that it deems appropriate. As the person completing this form, please be aware that you must notify each individual whose details you include on this form that this information may be shared with a number of organisations and individuals, such as relevant Club / League / Area or Governmental Authorities (however not if it may affect the prevention or detection of a crime or the prosecution of an offender) .

Your Signature: _____ Date: _____

IMPORTANT

Please remember to maintain confidentiality and only disclose information on a need to know basis; do not discuss with anyone other than those who need to know. Only share information if it will protect the child.

If your concerns relate to poor practice, please forward a copy of this form to your Area Safeguarding Officer (details in your handbook), even if the club has sought a resolution to the matter. If your concerns relate to suspected abuse, please forward a copy of this form directly to the Football Association of Wales, as soon as practically possible. Please mark "Private & Confidential" and return to FAW Safeguarding - safeguarding@faw.cymru. Please also ensure you keep a copy for your reference as well as other notes taken.

If the incident / concerns refer to more than one child please complete a separate FAW Safeguarding Incident Referral Form, attach together, and submit with any other relevant information, stating the page number below.

Please mark: Referral Form of

Further guidance regarding procedures for Recording, Responding and Reporting safeguarding incidents or concerns can be found in the FAW Safeguarding Policy, Procedures and Practices document.