

INCIDENT RECORD FORM: CHILD PROTECTION				
AVOCA HOCKEY CLUB				
Record completed by:				
Position:		Date:		
Child's Name:				
Child's Address:				
Child's Date of Birth:				
Parents/Carer's Names and Address:				
nuu ess.				
Date and time of any incident:	Date:		Time:	
Your Observations:				
Detail exactly what the child said and what you said:				
(Remember do not lead the child – record actual details. Continue				



Action taken so far:			
Designated Liaison Person informed?			
External Agencies contacted			
Police	Details of advice received:		
☐ Yes ☐ No			
Branch contacted:			
Name:			
Contact no:			
Social Services	Details of advice received:		
☐ Yes ☐ No			
Branch contacted:			
Name:			
Contact number:			
Irish Hockey Association ☐ Yes ☐ No	Details of advice received:		
Name:			
Contact number:			
Local Council or Education Department (if appropriate) Yes No	Details of advice received:		
Org name:			
Name:			
Contact number:			



Other (e.g. NSPCC) ☐ Yes ☐ No	Details of advice received:
Name:	
Contact number:	
Signature	Date

Remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

N.B. If a concern is reported, a copy of this form should be sent to social services after the telephone report and to the IHA's Designated Liaison Person for monitoring purposes. If a concern is being reported in the Republic of Ireland, the HSE Standard Report Form should be used which can be found on http://www.avocahockeyclub.com/policies.1277.html