# **SIGNIFICANT INCIDENT FORM**

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. This form must be passed to the Drumchapel and Clydebank Kayak Child Protection Officer as soon as possible after completion. Do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

All information will be treated with sensitivity, respect and will only be shared with those who need to know.

**PART A – WHERE THERE ARE CONCERNS ABOUT THE GENERAL WELFARE OF A CHILD**

1. Child’s details

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| Child’s Name: | Date of Birth: |
| Address:  Postcode: | Tel. no: |
| Preferred Language: | Is an interpreter required?  YES/NO |
| Any Additional needs? |  |

1. Details of Person Recording Concerns

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| --- | --- |
| Name: | Position/Role: |
| Address:  Postcode | Tel. No. |

1. Details of Incident giving rise to Concerns – include date, time, location, nature of concern, who, what, where, when and why.

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1. Details of witnesses – include names, addresses, telephone contacts and email.

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1. Details of Injuries – include all injuries sustained and action taken

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**PART B – WHERE THERE ARE CONCERNS ABOUT POSSIBLE CHILD ABUSE**

1. Details of Person about whom there is a concern

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| Name: | Relationship to Child: |
| Address:  Post Code: | Tel no:  Mobile no: |

1. Details of concerns – including date, time, location, nature of concern, who what, where, when, why, (continue on a separate sheet if necessary)

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1. Details of any action taken

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1. Details of Agencies contacted – including date, time, name of person contacted and advice received

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1. Have the Child’s parents been informed? YES / NO (delete as appropriate)

If yes record details/ If no please state why not.

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1. Child’s views on the situation (if expressed). Where possible, please use the child’s own words. However remember it is not your responsibility to glean a full statement from the child. This will fall to the Police or Social Work or both. Just record what you have been told.

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Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_