

Office Use Only.
Reference Number:
Date Processed:



ESSINGTON RUGBY CLUB: SAFEGUARDING CONCERN / INCIDENT REPORT FORM

CONFIDENTIAL

This form should be completed as soon as possible following a safeguarding concern, incident, disclosure, allegation or welfare concern.

Do not delay reporting a safeguarding concern in order to complete this form. Where there is an immediate risk of harm, take appropriate emergency action first.

All information should be factual and accurate. Do not include opinions unless clearly identified as such.

1. PERSON COMPLETING THIS FORM (Optional)

Name:

Role at Club:

Date Form Completed:

Contact Number:

Email Address:

2. DETAILS OF PERSON OF CONCERN

Name:

Date of Birth (if known):

Age:

Team/Age Group:

Address (if known):

Parent/Guardian Name (if applicable):

Contact Number:

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3. TYPE OF CONCERN

Please tick all that apply:

- ☐ Safeguarding Concern
- ☐ Welfare Concern
- ☐ Disclosure by Child
- ☐ Disclosure by Adult
- ☐ Bullying
- ☐ Online Safety Concern
- ☐ Physical Injury
- ☐ Emotional Wellbeing Concern
- ☐ Mental Health Concern
- ☐ Allegation Against Volunteer/Coach
- ☐ Discrimination
- ☐ Harassment
- ☐ Other (please specify)

Do you believe there is an immediate risk of harm? ☐ Yes ☐ No

4. HOW WAS THE CONCERN IDENTIFIED?

- ☐ Personally witnessed
 - ☐ Direct Disclosure
 - ☐ Third Party report
 - ☐ Parent / Guardian report
 - ☐ Anonymous report
 - ☐ Online / Social Media
 - ☐ Other (please specify)
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5. INCIDENT DETAILS

Date of Incident:

Time of Incident:

Location:

Names of other Individuals Present & contact details:

6. DETAILS OF CONCERN

Please record exactly what was seen, heard, reported or disclosed.

Use the individual's own words where possible.

Do not investigate or include assumptions.

7. IMMEDIATE ACTION TAKEN

Please detail any action taken immediately following the concern.

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8. WAS ANYONE INFORMED?

- ☐ Yes
- ☐ No

If yes, please indicate who was informed:

- ☐ Sophie Lockley – Club Safeguarding Officer
- ☐ Phil Breakwell – Alternative Reporting Contact
- ☐ Other (please specify)

Name:

Role:

Date Informed:

Method of Contact:

9. EMERGENCY SERVICES OR EXTERNAL AGENCIES

Were any external agencies contacted?

- ☐ Police
- ☐ Children's Social Care
- ☐ Ambulance Service
- ☐ RFU Safeguarding Team
- ☐ Staffordshire Rugby
- ☐ Adult Social Care
- ☐ Other

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10. SAFEGUARDING CASE MANAGEMENT

(To be completed by the Club Safeguarding Officer or appropriate Alternative Reporting Contact)

Date Received:

Received By:

Role:

Initial Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Immediate

Actions Taken:

Referral Required?

- ☐ Yes
- ☐ No

Details:

11. OUTCOME

Date Closed:

Case Closed By:

Name:

Role:

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Signature:

Date:

Confidentiality Notice

This document contains sensitive safeguarding information and must be stored securely. Access must be restricted to those with a legitimate safeguarding need to know. Information should not be shared more widely unless required for safeguarding action, legal obligations or referral to an appropriate agency.

Document Title: Safeguarding Concern / Incident Report Form

Version: 2.0

Policy Owner: Club Safeguarding Officer

Approved By: ERUFC Committee

Effective Date: September 2026

Review Date: Annually

Next Review Due: September 2027