

Braishfield Village Hall
Charity No. 1172015

CHILD, YOUNG PERSON AND VULNERABLE ADULT POLICY

PROTECTION INCIDENT REPORTING FORM

All information will be treated in strict confidence

Date: ___/___/20___ Time: _____ Venue: _____

Name of Child/Person: _____ Age: _____

Address (if known): _____
Postcode: _____

Telephone Number (if known): _____

Next of Kin: _____

Address (if different from above): _____
Postcode: _____

Telephone Number (if different from above): _____

Are you reporting your concerns or passing on those of someone else?
Please give details:

Please give a brief description of what has prompted the concerns including dates, times etc any specific incidents:

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the child/person? If so what was said?

Has anybody been alleged to be the abuser? If so, give details:

Have you consulted anybody? If so give details:

Your name: _____

Position: _____

To whom reported: _____

Date of reporting: ___/___/20___

Signature: _____ Date: ___/___/20___

If being completed by a staff member or volunteer of Braishfield Village Hall this form should now be given to the Protection Liaison Officer by hand in a sealed envelope marked Private and Confidential. If being prepared by a 3rd party hirer of the hall, then this form should be passed on to the appropriate authority to whom the incident has been reported.