



Safeguarding Incident Recording Form

If an incident or concern is immediate and there is a risk of significant harm to a child or an adult that they are in need of protection, then call your local SAPS and/or Social Services.

Once the matter has been referred then complete this form and submit to Pinetown Gymnastics Club .

This form should be used by club or event officials to record the details of any concerns raised. A copy should be sent to safe@ptngym.co.za . All efforts will be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. The form should be completed for all levels of concern, even where no immediate action may be necessary.

DETAILS OF PERSON COMPLETING THE FORM

Name: _____
Club Name: _____
Position Held: (Safeguarding Officer/Coach, etc.) _____
Address: _____

Postcode: _____ Contact Numbers: _____
Name/details of person who raised concern (if different from above): _____

DETAILS OF PERSON CONCERN IS ATTRIBUTED TO

Name: _____
Position: _____
Club Name: _____
Relationship to alleged victim: _____

DETAILS OF ALLEGED VICTIM (if more than one, continue on a separate sheet)

Name: _____
Club Name: _____ Discipline _____
Date of Birth: _____ Age at time of incident (s) _____
Parent/Carer details: (incl. name and address) _____

Postcode _____ Email/Contact Number _____
Any identified special needs or disability? _____

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DETAILS OF INCIDENT

Date(s) of incident(s): _____

Description of the incident(s) (please include as much detail as possible. If a child or vulnerable adult talked to you, write down the exact details of the conversation – remember not to lead them. Please include any other information including location, number of incidents, any witness details etc. - please continue on a separate sheet of paper if necessary)

Any actions taken?

Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number:

Children/Adult Social Services

Name of contact: _____

Contact Number/s: _____

Email: _____

Action they are taking/details of advice: _____

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Equipment supplied & refurbished with assistance from the NLC

NPO Reg. No. 195-964

Home of the "Wild Dogs"



South African Police Service (SAPS)

Name of contact: _____

Contact Number/s: _____

Email: _____

Action they are taking/details of advice:

Any relevant additional information

Signed _____

Date _____

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