Tynecastle Football Club – Child Wellbeing and Protection Policy

CONCERN RECORDING FORM

This form must be completed as soon as possible after receiving information that causes a concern. Contact the Child Wellbeing and Protection Officer, Douglas Ormston, on 07719 681586 to report the concern then email the completed form to tynecastlefc@gmail.com as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

ADVICE FOR COMPLETING THE FORM

Part A - Contact Information

Please complete Part A to include all relevant contact information. Where the concern is about a child and the conduct of an adult relating to that child then both parties information must be completed. You must also include your contact information.

Part B - Details of the Concern

Please complete this section to include as much information as possible. Where possible please include information about dates, times and location. If the concern has been reported to you by the child, please use their own words and also record anything that you said to the child.

Part C - Information Sharing

Please complete this part of the form if you have shared the information with any third party including the child's parents/carers, Named Person or with other services including the police, social services, school or any other relevant organisation

Remember to maintain confidentiality on a *need to know* basis – do not discuss this incident with anyone other than those who need to know.

Part D - For use by the Child Wellbeing and Protection Officer

This section is for use by the Child Wellbeing and Protection Officer and should <u>not</u> be completed by the person reporting the concern.

IMPORTANT INFORMATION:

Please do not keep any electronic, printed or written versions of this form. It is important to maintain confidentiality to delete or shred as soon as the information has been passed on. This information will be retained by the Child Wellbeing and Protection Officer in a secure and confidential manner.



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PART A - CONTACT INFORMATION

CHILD'S DETAILS (if applicable – details of the child who has been harmed or is at risk of harm)

Name:	Date of Birth:
Address:	Tel No:
Post Code: TYNECAS	TLE
Child's Named Person/school teacher:	Named Person/school teacher
	Tel No:
Preferred Language	Is an interpreter required?
	YES / NO
Any Additional Needs?	
ADULT'S DETA <mark>ILS</mark> (if applicable – <i>adult whose conduct you</i> Name: Tel	
Address: Rela	ationship to Child:
Post Code:	
CONTACT INFORMATION OF PERSON REPORTING THE CO	ONCERN
Name: Tel	No:
(EDIMBLED CT	
Position/Role:	
Signature:	
Date:	

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PART B - DETAILS OF THE CONCERN

If necessary please continue on a separate sheet. If doing so please number and date each sheet.

Details of concern:
THE PARTY OF A COMME
Child's views on situation (if expressed). Where possible, please use the child's own words
office of views of citatation (if expressed). Where possible, produce also the crima of this words
Details of any other witnesses/other people involved
Details of any injuries (where applicable)
Please include all injuries sustained, location of injury and any treatment
Action taken so far and when:
1928
Other relevant information:
Other following in the second
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PART C – INFORMATION SHARING (if applicable)

PLEASE NOTE – it will usually not be necessary to share information before seeking advice from the Child Wellbeing and Protection Officer, except in an emergency. Only share information on a need to know basis. If you are unsure as to who you should inform, please contact the Child Wellbeing and Protection Officer for further advice

Who has been informed?		
Child's parents/carers	If yes, record details:	
Yes/No	If no, please state why?	
Child's Named	If yes, record details:	
Person/school teacher		
Yes/No	If no, please state why?	
External agencies contacted (date and time)		
Police	Name, role and contact number:	
Yes / No		
Deter	Incident number (if applicable):	
Date:	What information was shared and why:	
Time:	What illioiniation was shared and why.	
	Details of advice received:	
Local authority	Name, role and contact number:	
(inc. social services		
and education)	VA/Is at information was about a graduation	
Yes / No	What information was shared and why:	
1037140		
Date:		
A 30.	Details of advice received:	
Time:		
Other	Name and contact number:	
I. FO		
Yes / No	What information was shared and why:	
Date:		
Time:	Details of advice received:	

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PART D – FOR CHILD WELLBEING AND PROTECTION OFFICER

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Action taken:
Information Shared with any third party
Information Shared with any third party e.g. Scottish FA, Affiliated National Association etc.
CONCERN CLOSED:
SONSERIN SESSED.
Reason for closing concern:
1029
Signed Date:
EDINIDI TRGB
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