**Log of Concern Form**

If you have a concern about the welfare of a Child, Young Person or Adult, please complete this form and return to your Club/County/Event Welfare Officer or email it to safesquash@englandsquash.com. Do not delay sharing safeguarding information even if you do not have all the information to hand. Where a report needs to be shared with external safeguarding agencies, this needs to be done within 24 hours of receiving the concern.

| **Information Required** | **Enter Information Here** |
| --- | --- |
| Your name |  |
| Your position (e.g. parent, coach, volunteer) |  |
| Your telephone number |  |
| Your email address |  |
| **If the concern, disclosure or allegation relates to behaviour/actions towards a Child, Young Person or Adult please complete the following details:**  |
| How you know the Child, Young Person or Adult |  |
| Name of Child, Young Person or Adult |  |
| Home address if known (this is really important if external agency referrals are required) |  |
| Date of Birth of Child, Young Person or Adult |  |
| **If the concern or allegation relates to the behaviour/actions of a Coach/Official/Volunteer/Other (please delete) please complete the following details:**  |
| Your knowledge of and relationship to the Person of Concern |  |
| Name of Person of Concern |  |
| Home address if known |  |
| Nature of concern/disclosure*Please include where you were when the concern arose or the disclosure was made.* *Include what you saw, who else was there, what exactly did the Child, Young Person or Adult say or do and what you said.* *[Ensure that if there is an injury this is recorded (size, shape and location on body)**Make a clear distinction between what is fact, opinion or hearsay.* |  |
| Time & date of incident |  |
| Actions taken so far |  |
| External agencies contacted with details of date/time/person contacted | Include any contact with Social Services/Local Authority/LADO/NSPCC or other charity/England Squash |
| Police | YES/NO If YES, name and contact number and Crime Reference Number: |
| Views/wishes of Child, Young Person or Adult obtained |  |
| Your signature |  |
| Time and date form completed |  |