

It is important to keep an accurate record of the information you know and who you passed it on to. Complete as much information as possible. **Continue onto a separate sheet or additional form if necessary.**

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child or adult at risk. The form must be passed to British Canoeing (or home nation association) as soon as possible after completion; do not delay in attempting to obtain information to complete all sections.

PERSON(S) AGAINST WHOM ALLEGATIONS HAVE BEEN MADE (if applicable)			
Full name:	Age:		
Address:			
Postcode:			
Phone numbers:			
Club/ Centre/ Team/ Event:			
Position in Club/Centre/Team/ Event/:			
CHILD/ ADULT INVOLVED (Please complete separate forms for each person involved- if			
more than one)			
Full name:			
Age/ Date of birth:	Gender:		

Ethnicity:

Parent or carer name(s):

Address:

Postcode:

Phone numbers:

Relationship with the Club/Centre/Team/Event:









YOUR DETAILS

Full name:

Position in Club/Centre/Team/Event :

Address:

Postcode:

Phone numbers:

DETAIL BELOW THE NATURE OF THE CONCERN:

(include all dates, times and venues)









HAVE YOU SPOKEN TO THE CHILD/ ADULT? YES NO

If yes, detail exactly what was said. Include all dates, times and venues:

WERE THERE ANY WITNESSES TO THE INCIDENT OR CAUSE FOR CONCERN? YES NO (If yes, provide their name, role, relationship (if any) to the child or others involved and contact details)







Reviewed 22.03.21 Page 3



HAVE YOU SPOKEN TO THE PARENTS/ CARERS? (If yes, provide details of what was said)	YES 🗌 NO 🗌

HAVE YOU SPOKEN TO THE PERSON THE ALLEGATIONS ARE BEING MADE AGAINST? YES NO

Note: In some circumstances it might not be appropriate to discuss any allegations with the person the allegations are being made against. If a discussion has taken place please provide the details of what was said:







HAVE YOU INFORMED THE STATUTORY AGENCIES?					
Name of person you spoke to:		Incident Number			
Police					
Contact Det	ails				
Children's Social Care	YES 🗌 NO 🗌				
Contact Det	ails				
Adult Social Care	YES 🗌 NO 🗌				
Contact Det	ails				
Any other Agency* Contact Det	YES 🗌 NO 🗌 ails				
•		Designated Officer (LADO) whe			
PRINT NAME	E:				
SIGNATURE	:				
DATE/ TIME:					
Please return	this form via email or in an	envelope marked PRIVATE a	nd CONFIDENTIAL to:		
	U U	tish Canoeing, National Water 612 2LU or email <u>safeguarding</u>	•		
	3 3	fficer, The Canoe Association T9 5FJ or email <u>safeguarding@</u>			
	a	cottish Canoe Association, Gra H9 0PL or email <u>safeguarding(</u>			
	Safegaurding Officer, Cano email <u>childprotection@cano</u>	e Wales, Canolfan Tryweryn, I <u>bewales.com.</u>	Frongoch, Bala, Gwynedd,		





clation