A drawing of a
                              person
                              Description automatically generated

**Parkour UK Safeguarding Report Form**

Please complete the following sections with as much detail about the specific safeguarding concern or allegation as soon as possible.

Parkour UK's Lead Safeguarding Officer (LSO) will contact you as soon as possible after receiving the referral, however ***if a child or adult is in immediate danger or a hate crime has been committed, please contact the police, social care services or the NSPCC immediately***. To keep children and adults safe, information may need to be shared appropriately with other parties.

However, confidentiality will be maintained where appropriate and we ensure that only those who need the information are made aware of it. If you have any queries or concerns about the information you are providing, please contact the LSO.

Details of referrer / person reporting

|  |  |
| --- | --- |
| Name (last name in CAPS): | (click here to enter text) |
| Membership number (if applicable): | (click here to enter text) |
| Name of club/organisation/site: | (click here to enter text) |
| Position in organisation: | (click here to enter text) |
| Phone number(s): | (click here to enter text) |
| Email: | (click here to enter text) |

Details of child / victim / adult at risk concerned

(if more than one, add same details in Details of Concern)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (last name in CAPS): | (click here to enter text) | | | |
| Membership number (if applicable): | (click here to enter text) | | | |
| Age: | (click here to enter text) | | | |
| Date of birth: | (click here to enter text) | | | |
| Gender: | (click here to enter text) | | | |
| Ethnic origin: | (click here to enter text) | | | |
| Disability / Special needs (if known): |  | Yes |  | No |
| If yes, give details:  (click here to enter text) | | | | |
| Parent(s)/Guardian(s) name: | (click here to enter text) | | | |
| Address: | (click here to enter text) | | | |
| Phone number(s): | (click here to enter text) | | | |
| Email: | (click here to enter text) | | | |

Details of individual whom the allegation is made against

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | (click here to enter text) | | | | |
| Membership number (if applicable): |  | | | | |
| Position in organisation: | (click here to enter text) | | | | |
| Age (if known): | (click here to enter text) | | | | |
| Date of birth (if known): | (click here to enter text) | | | | |
| Address: | (click here to enter text) | | | | |
| Phone number(s): | (click here to enter text) | | | | |
| Email: | (click here to enter text) | | | | |
| Is this person aware of the allegation?: | |  | Yes |  | No |
| If allegation made against a child | | | | | |
| Parent(s)/Guardian(s) name: | (click here to enter text) | | | | |
| Phone number(s): | (click here to enter text) | | | | |

The incident/concern

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of incident: | (click here to enter text) | | | |
| Place of incident: | (click here to enter text) | | | |
| Did you observe the incident / concern: |  | Yes |  | No |
| If no, give details of individual who did | | | | |
| Name: | (click here to enter text) | | | |
| Position in organisation: | (click here to enter text) | | | |
| Contact details: | (click here to enter text) | | | |
| Incident inside / outside sport / both: |  | Inside |  | Outside |

|  |
| --- |
| **Details of concern** (include as many details as possible including time it happened, place, if any injuries were sustained, treatment required. Mention any possible conflicts of interest). |
|  |

|  |
| --- |
| **Child’s (or Adult at Risk’s) account of what happened – if already provided an account** (please state what they actually said or indicate if not their exact words). |
| Statement from Isabella Perry (DOB: 20/11/10)  Date:       Time:   Locaon:  !! "# $ %  &'$ ('&!)\*+!!',  -\*#.$\*/  $#0(%\*$1##  \*# ''#+2#1 !3#  \*#4 -!$ /$\*+/#1/%  0'\*# $ ##1  $ \*#'#/$!'\*#/  $!'#/$#$1!%5\* '\*  #!$61 !!'# $'1  %\*# !!#1(\*!#   1'$#/1 !!#   /$!'#/#1 /'!   #/7%,  (Isabella said that the cubicle he was in was on the opposite side of the changing rooms, nearest  to the main entrance/exit door, and hers backed on to it from the other side of the changing  rooms, near the showers and their benches were back to back and it was under the bench part  she saw the phone so it was not visible to anyone else in the changing rooms.)  Statement from Isabella Perry (DOB: 20/11/10)  Date:       Time:   Locaon:  !! "# $ %  &'$ ('&!)\*+!!',  -\*#.$\*/  $#0(%\*$1##  \*# ''#+2#1 !3#  \*#4 -!$ /$\*+/#1/%  0'\*# $ ##1  $ \*#'#/$!'\*#/  $!'#/$#$1!%5\* '\*  #!$61 !!'# $'1  %\*# !!#1(\*!#   1'$#/1 !!#   /$!'#/#1 /'!   #/7%,  (Isabella said that the cubicle he was in was on the opposite side of the changing rooms, nearest  to the main entrance/exit door, and hers backed on to it from the other side of the changing  rooms, near the showers and their benches were back to back and it was under the bench part  she saw the phone so it was not visible to anyone else in the changing rooms.)  **Statement from Isabella Perry (DOB: 20/11/10)**  **Date: **  ****  ****  **Time: **  **Locaon:  !! "# $ %**  **&'$ ('&!)\*+!!',**  **-\*#.$\*/**  **$#0(%\*$1##**  **\*# ''#+2#1 !3#**  **\*#4 -!$ /$\*+/#1/%**  **0'\*# $ ##1**  **$ \*#'#/$!'\*#/**  **$!'#/$#$1!%5\* '\***  **#!$61 !!'# $'1**  **%\*# !!#1(\*!#**  ** 1'$#/1 !!# **  **/$!'#/#1 /'! **  **#/7%,**  **(Isabella said that the cubicle he was in was on the opposite side of the changing rooms, nearest**  **to the main entrance/exit door, and hers backed on to it from the other side of the changing**  **rooms, near the showers and their benches were back to back and it was under the bench part**  **she saw the phone so it was not visible to anyone else in the changing rooms.)** |

Action taken;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Police informed: |  | Yes |  | No |
| If yes please give details  (click here to enter text) | | | | |
| Name of Police Officer dealing: | (click here to enter text) | | | |
| Phone / email contact details: | (click here to enter text) | | | |
| Crime Reference number: | (click here to enter text) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children’s Services informed: |  | Yes |  | No |
| If yes please give details | | | | |
| Name of Social Worker dealing: | (click here to enter text) | | | |
| Phone / email contact details: | (click here to enter text) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Authority Designated Officer (LADO) informed:  (concerns about a person in Position of Trust) |  | Yes |  | No |
| If yes please give details | | | | |
| Location of LADO: | (click here to enter text) | | | |
| Name of LADO dealing: | (click here to enter text) | | | |
| Phone / email contact details: | (click here to enter text) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical assistance required: |  | Yes |  | No |
| If yes please give details:  (click here to enter text) | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parents informed:** |  | Yes |  | No |

|  |
| --- |
| **Details of action taken** (or attach report sheet separately): |
| (click here to enter text) |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed | (click here to enter text) | Date | (click here to enter text) |

Once completed please send the referral form to Parkour UK's Lead Safeguarding Officer;

[**safeguarding@parkour.uk**](mailto:safeguarding@parkour.uk)