Safeguarding Incident Reporting Form

Please complete the following sections as soon as possible with as much detail as possible about the specific safeguarding concern or allegation and send them to safeguarding@parkour.uk.

Parkour UK's Lead Safeguarding Officer (LSO) will reach out to you as soon as possible upon receiving the form. However, if a child or adult is in immediate danger or if a hate crime has been committed, please contact the police, social care services, or the NSPCC without delay.

Information may need to be shared appropriately with other parties to ensure the safety of both children and adults. Nevertheless, confidentiality will be upheld where appropriate, and information will only be shared if necessary. Should you have any queries or concerns regarding the information you are providing, please reach out to the LSO at the email address above.

Your Information						
Name						
Address						
Membership number (if applicable)						
Contact number(s)						
Email						
Name of organisation				Your role		
Personal Information – Child/Young Person						
Name				Date of birth		
Gender	Male	Female	Non-binary	Another descript	tion (please state)	
Is there any information about the child that would be useful to consider?						
Contact Information – Parent/Carer						
Name(s)						
Address						



Contact number(s							
Email							
Have they been notified of this incident?	N	No Please explain why this decision has been taken					
	Y€	es Ple	Please give details of what was said / actions agreed				
			Incident De	etails*			
Date and time of incident							
Please tick one:		eporting my concerns.	✓ I am responding to concerns raised by some– please fill in their details:				
Name of person raising concern				Role within the sport or relationship to the child			
Contact number(s)							
Email							
				evant information, such as			



^{*} Attach a separate sheet if more space is required (e.g. multiple witnesses)

Child's account of the in	ocident		
Please provide any with	ess accounts of the incider	nt	
Name of witness (and		Role within the sport	
date of birth, if a child)		or relationship to the	
		child	
Address			
Contact number(s)			
Email			
Details of any person inv	volved in this incident or alle	eged to have caused the i	ncident / injury
Name (and date of		Role within the sport	
birth, if a child)		or relationship to the	
Addison		child	
Address			
Contact number(s)			
Email			
Please provide details o	f action taken to date		



Has the incident been reported to any external agencies?			No		Yes – please provide further details:
Name of organisation agency	/				
Contact person					
Contact number(s)					
Email					
Agreed action or advi	ce given				
Declaration					
Your signature					
Print name					
Today's date					
Contact Your Organisation's Designated Safeguarding Officer in Line with Parkour UK's Reporting Procedures					
Safeguarding Officer's name					
Date reported					

Please email the completed form as soon as possible to safeguarding@parkour.uk.

