

Vulcans Handball Club Safeguarding Incident Report Form

Date:			
Report number:			
	ne reporting of safeguarding concerns/dising relating to club/member activity.	sclosures happening/happened within any	
Please send completed forms to welfare@vulcanshandball.co.uk			
Name of individu	al		
completing form			
Email address (re	quired)		
Telephone			
Name/s of Child/	Adult		
affected			
(please list all if m	nultiple)		
Location of incide	ent		
Date of incident			
Time of incident			
If more than one	· · · · · · · · · · · · · · · · · · ·		
please provide fu details:	irtner		
actuiis.			



Are you reporting your own concern or that of another party?		
☐ Own perspective		
☐ Other party		
☐ Other (please state):		
Nature of incident		
Type of incident (please		
select):		
☐ Neglect		
☐ Physical Abuse		
☐ Sexual Abuse		
☐ Poor Practice in Sport		
☐ Emotional Abuse		
☐ Bullying		
☐ Other (please state):		
Report the facts as you		
observed them i.e.		
behaviours, visible injuries		
Person of concern		



Summary of the child/adult		
account of the incidents (if		
available)		
Details of any witness to the		
incidents (include names		
and contact details)		
Details of any actions taken,		
including anyone else that		
has been consulted, with		
names, contact details and		
advice received		
(If applicable) Have the child's parents been contacted?		
☐ Yes	If yes, date contacted:	
□ No		
If yes, what has been said?		
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Last review date: 23/07/2025

Next review date: 23/07/2026