



BRITISH KENDO  
ASSOCIATION

# Incident Reporting Form (Child Protection)

March 2018

Your name:	Name of organisation: <b>British Kendo Association</b>
Your role:	
Contact information (you): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <span style="float: right;"><i>Email address:</i></span>	
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <span style="float: right;"><i>Email address:</i></span>	
Have parent's / carer's been notified of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i> <i>Name:</i> <i>Position within the sport or relationship to the child:</i> <i>Telephone numbers:</i> <span style="float: right;"><i>Email address:</i></span>	
Date and times of incident:	
Details of the incident or concerns: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	
Child's account of the incident:	

Please provide any witness accounts of the incident:	
Please provide details of any witnesses to the incident: Name: Position within the club or relationship to the child: Date of birth (if child): Address: Postcode: Telephone number: _____ Email address: _____	
Please provide details of any person involved in this incident or alleged to have caused the incident / injury: Name: Position within the club or relationship to the child: Date of birth (if child): Address: Postcode: Telephone number: _____ Email address: _____	
Please provide details of action taken to date:	
Has the incident been reported to any external agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES please provide further details:	
Name of organisation / agency: Contact person: Telephone numbers: Email address: Agreed action or advice given:	
<b>Your Signature:</b>	<b>Print name:</b>
<b>Date:</b>	

**Contact the BKA's Child Protection Officer in line with the BKA's reporting procedures.**