

Safeguarding Concern Form

Date of concern:		Date form created:	
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Details of person who is raising the concern *(they should complete this section of the form)*

Name		Role in Club	
Telephone		Email	

Who are you concerned about?

This concern relates to: (please tick all that apply)	Child (U18)	<input type="checkbox"/>	
	Adult at Risk	<input type="checkbox"/>	
	Coach	<input type="checkbox"/>	
	Official	<input type="checkbox"/>	
	Volunteer	<input type="checkbox"/>	
	Parent	<input type="checkbox"/>	
	Club	<input type="checkbox"/>	
	Other	<input type="checkbox"/> Please State:	
Name of person you are concerned about:		Date of Birth	
Address		Contact Details	
Parents or carers names and contact details if applicable			

Confidentiality

(if the allegation is against a member of staff or volunteer that person should not be informed of the concern until advice has been sought from the LTA Safeguarding Team)

Have the parents / carers or adult at risk been informed of the concern	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

If not, please state why:
*(If you feel that informing the parents or carers about the concern will put the child or yourself at risk, you should not inform the parent or carer but need to document here why you feel it will put them at risk)
 (Adults at risk need to be informed of your concerns)*



CONFIDENTIAL when complete

What date and time was the parents/carers or adult at risk informed of the concerns?		(DD/MM/YYYY) (Hr/Mins)
Parent / carer or adult at risk response:		
Have the parents / carers or adult given consent to share the information		<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of the parent / carer or carer of the adult at risk		
Name(s)		Address
Telephone		Email

Your concerns:

<p>Facts: <i>(please state facts i.e. the child / adult at risk had a bruise on their right hand)</i></p>
<p>Opinions: <i>(please state what is your opinion of the concern i.e. I believe in my position as a tennis coach that the adult at risk is being pushed beyond their ability which is causing injuries such as..)</i></p>
<p>Hear'Say <i>(please state what has been said by others or overheard i.e. you overhear the child talking to their friend saying they are scared)</i></p>

Actions:

What did you do about your concern?			
Who have you informed about your concern?		<input type="checkbox"/> Welfare Officer <input type="checkbox"/> LTA Safeguarding Team <input type="checkbox"/> Police <input type="checkbox"/> Other (please state):	
Welfare Officer			
Date / Time you received concern:		Who raised the concern and what is their role in the club?	
Who have you informed about your concern:		<input type="checkbox"/> LTA Safeguarding Team <input type="checkbox"/> Police <input type="checkbox"/> Children's Services <input type="checkbox"/> Adult Services <input type="checkbox"/> Local Authority Designated Officer <input type="checkbox"/> Other (please state):	
What date did you contact?		Who did you speak to?	
What was their role?		What advice were you given?	
What actions (if any) have you taken?			
Safeguarding Team Only			
<i>Link to LTA Safeguarding and Referral Form</i>			
Date Form Received:			