



SAFEGUARDING REPORT FORM

Information contained on this form will form part of Archery GB's Case Management Panel (CMP) investigation into the alleged incident. The person completing this should notify each individual whose details are on this form that their information may be shared with a number of organisations and individuals relevant to the investigation.

* Mandatory to complete in full

Your Club/Organisations Name:

* Section One: Your Details (Person raising the concern)			
First Name:		Surname:	
Address:		Postcode:	
Daytime/ Evening Contact Numbers			
E-mail address			
Position in Archery GB Club/Organisation			
Archery GB Membership No (if applicable)			
Relationship/connection to the child/young person			
Are you reporting your own concerns or responding to concerns raised by another person?	My concerns	Another person's concerns. Provide details below:	
*Section Two: Another Person's Concerns - Details			
First Name:		Surname:	
Archery GB Membership No (if applicable)			
Position in Club/Organisation (if applicable)			
Connection to Child/Young Person			
Daytime/ Evening Contact Numbers			
E-mail address			
Please explain the concerns, giving details of what you have seen/been told that makes you believe the child is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photo's, etc)			
Date/Time:			
What happened:			

*** Section Three: Concern – Where did the incident take place**

Please give a description of the concern/incident (include dates; time/s; where did it take place, work, home, inside or outside of the archery environment, description of injury; are you recording this as fact, opinion or hearsay. Provide full details – this must be completed.

***Have you spoken to the young person(s)? Please provide details:**

***What is the relationship between the young person and the accused?**

***Have you spoken to the Parent/Guardian/Carer of the young person(s) involved?**

***Action taken so far:**

*** Section Four: Details of the Child/Young Person (you have concerns about)**

First Name:		Surname:			
Male/Female:					
Parent/Legal Guardian name:			Parent/Legal Guardian contact numbers:		
Home Address:			Postcode:		
Date of Birth/Age					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state)	
Name of Archery GB Club					
Archery GB Membership No: (if applicable)					

Is there any information about the child/young person that would be useful to consider?

Is the Child/Young Person on the Olympic/Paralympic Pathway	Yes:	No:
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If yes, who is the Team Manager?

Where did the incident/abuse happen e.g., inside or outside the archery environment?
Provide full details

Is there any information about the child/young person that would be useful to consider?

***Section Five: Details of Child's/Young Person's Parents/Legal Guardians**

Name of Parents/Legal Guardian

Address

Contact details (tel no, email etc)

Membership number (if applicable)

Have Parents/Legal Guardians been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken.
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed.

***Section Six: Details of Accused Person**

First Name:		Surname:	
Home Address:			Postcode:
Telephone No:			E-mail:
Date of Birth/Age			
Position in Sport			Contact Number:
Relationship/connection to the child/young person			
Name of Archery GB Club/Organisation (if applicable)			
Archery GB Membership No: (if applicable)			
Position in Archery GB Club/Organisation			

Do they have contact with other children/young people in another capacity, e.g. in their work/family/as a volunteer.

***Section Seven: Were there any witnesses?**

Name:

Phone numbers:	Email:
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Address:

Add additional witness details:

***Section Eight: Details of External Agencies contacted so far:**

Organisation	Y/N	If yes, which?	Name/Number	Date/Time	Details of advice received	Reference Number
Archery GB Club						
Archery GB						
Police						
Children's Social Care						
Other (e.g. NSPCC)						

***Section Nine: Declaration**

I believe the facts and matters contained in my statements are a true and accurate record

Conflict of Interest:

Disclosure:

I have no current conflicts of interest to declare:

I have current conflicts of interest to declare:

Provide information:

I declare that there are no facts or circumstances known to me which might call into question my impartiality or independence, i.e. I am not in a relationship directly/indirectly related to the alleged perpetrator.

I recognise my duty to disclose to Archery GB without delay any such fact or circumstance following my appointment.

(Contact the National Lead Safeguarding Officer for further advice on possible conflict of interest)

Signed:

Date:

Information must only be shared with Safeguarding/Welfare Officers and others that have a need to know to ensure the person is safe. The information contained in this report is strictly confidential and it must be kept secure and protected from loss or unauthorised access.

Signed:

Print Name:

Date:

Remember to maintain confidentiality on a need-to-know basis only. Only disclose information if it will protect the young person. Do not discuss this incident with anyone other than those on a need-to-know basis.

THIS FORM MUST BE RETURNED TO:

(Please mark envelope CONFIDENTIAL)

National Lead Safeguarding Officer

Archery GB

Lilleshall National Sports and Conferencing Centre

Newport

Shropshire

TF10 9AT

or e-mail to: safeguarding@archerygb.org