**Safeguarding Report Form**

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| Club: | Date: |

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| Your Name:  | Your Role: |
| Address: |
| Email: | Telephone No: |
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|  Name of Child/Adult at Risk:  |
| DOB: | BC Membership Number: |
| Address: |
| Parents/Carers Aware of Concern: YES/NO |
| If NO please state the reason why: |
| Parents/Carers Names: | Parents/Carers Address: |
| Email: | Telephone No: |
| Any known siblings: YES/NO |
| If YES please provide details: |
| Details of the concern: [include: date; time; location; and nature of the incident/concern] |
| Additional information: [include: witnesses; corroborative statements; record anything said by those involved etc] |
| Action taken: [include: who has been informed of the incident/concern; has contact been made with the Police, Social Care, British Cycling and/or any other relevant organisation]  |
| **If an incident identifies a person of concern please provide any known details below:** |
| Name: | Role: |
| BC Membership Number: | Address: |
| Club: |
| Email:  | Telephone No: |
| Is the person aware that there is a concern? YES/NO |
| If YES, what was their response? |
| Please provide contact details for any Relevant Others [include: witnesses; event officials, police attending; social care etc]*Please indicate if any Relevant Other is U18 and provide contact details for parents.* |
| Name:Role: U18 Y/N | Contact Details: |
| Name:Role:U18 Y/N | Contact Details: |
| Name:Role:U18 Y/N | Contact Details: |
| Name:Role:U18 Y/N | Contact Details: |
| Signed:  | Date: |
|  |
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