



T H E U K F E N C I N G P R O J E C T L T D

# UKFP Safeguarding Incident Report Form

**This form should be completed as soon as possible – ideally within 24 hours – following any safeguarding concern, disclosure, or incident.**

If a child or vulnerable adult is in immediate danger, contact **999** before completing this form.

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## 1. Your Details (Person Reporting the Incident)

- **Full Name:**
- **Role/Position:**
- **Club or Location:**
- **Contact Number:**
- **Email Address:**
- **Date of Report:**
- **Reporter's Signature:**

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## 2. Details of the Person Concerned

- **Full Name:**
  - **Date of Birth / Age (approximate if unknown):**
  - **Gender:**
  - **Role (e.g. fencer, parent, coach, volunteer):**
  - **Home Address (if known):**
  - **Contact Details (if known):**
  - **Parent/Carer Name (if under 18):**
  - **Parent/Carer Contact Details (if known):**
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### **3. Nature of Concern**

(Please tick all that apply)

- ☐ Disclosure by the individual
- ☐ Suspicion or concern about behaviour
- ☐ Incident witnessed
- ☐ Complaint made by a third party
- ☐ Other (please specify): \_\_\_\_\_

- **Date and Time of Incident/Disclosure:**
- **Location of Incident:**

#### **Brief Description of the Concern or Incident**

(Include relevant dates, times, witnesses, and direct quotes where appropriate. Use additional sheets if necessary, and number and securely attach them to this form.)

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### **4. Details of Alleged Involved Party (if applicable)**

- **Name:**
- **Role/Relationship to Child/Vulnerable Adult:**
- **Organisation/Club (if different):**

- **Contact Details (if known):**
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## **5. Action Taken**

- ☐ Referred to Designated Safeguarding Lead (DSL)
  - ☐ Parents/Carers informed
  - ☐ Child/Vulnerable Adult spoken to
  - ☐ Emergency services contacted (999)
  - ☐ Other (please describe): \_\_\_\_\_

### **Details of Actions Taken**

(Include names of those contacted, time of referral, and advice received.)

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## **6. Referral Details (To be completed by the DSL)**

- **DSL Name:**
- **Date and Time DSL Received Report:**

### **Referral Made To:**

- ☐ Local Authority Designated Officer (LADO)
- ☐ Police
- ☐ Social Services
- ☐ British Fencing Safeguarding Officer
- ☐ Other (please specify): \_\_\_\_\_

- **Date and Time of Referral:**
  - **Name of Person Spoken To:**
  - **Advice or Outcome:**
  - **DSL's Signature:**
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## **7. Additional Notes or Follow-Up Required**

*(Include any follow-up actions planned, support provided, or further observations.)*

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## **Confidentiality Statement**

This report will be stored securely and shared only with individuals or agencies directly involved in safeguarding the welfare of the individual concerned. UKFP adheres to the General Data Protection Regulation (GDPR) and safeguarding legislation regarding confidentiality, accuracy, and secure retention of records.

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## **Final Review and Sign-Off**

- **Name:**
- **Signature:**
- **Date:**