

SwimBag Limited
Safeguarding Incident Form

Child or Vulnerable Adult's Name: Date of Birth:.....

Address:.....

..... Post Code:.....

Disability:..... Ethnicity:.....

Parent / Carer's Name:..... Contact Numbers:.....

SwimBag Activity where concern has been raised:.....

Date of Incident/report/disclosure:..... Time:..... Venue:.....

If concerns were passed on by a third party, supply their details (name, contact number etc)

If the child or VA made a direct disclosure, describe the circumstance and record what was said in their words:

If concerns arise from your observations/actions, give details:

Name, role and contact details of any alleged perpetrator(s):

Name, role and contact details for any potential witnesses to the alleged incident:

Any action that you have taken (include name, role agency and contact numbers for person(s) with whom this information has been shared and any disagreed actions):

Your name:..... Role:.....

Contact no:..... Signature:.....

This form is to be passed onto the Training Director, SwimBag Limited.

Please ensure confidentiality and share your concerns on a strict need to know basis, and only in order to protect the child, vulnerable adult or others.

You may wish to seek further guidance from the following bodies:

NSPCC Helpline 0808 800 5000
ASA Swimline 0808 100 4001
RLSS 07827332382 – Adrian Lole