

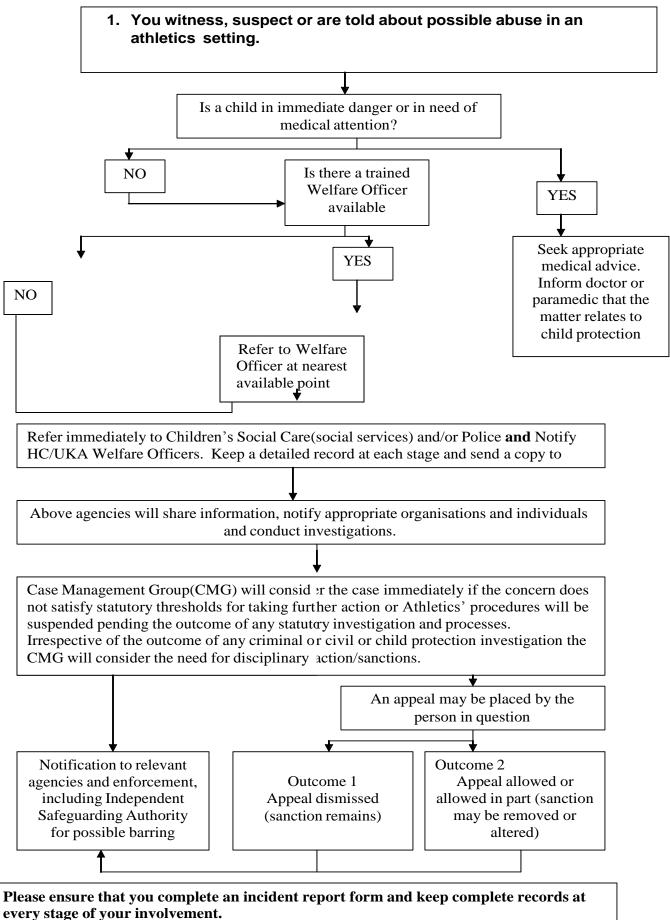


Reporting procedures

Any person with information of a disclosure, allegation or concern about the welfare of a child must immediately report this in one of the following ways

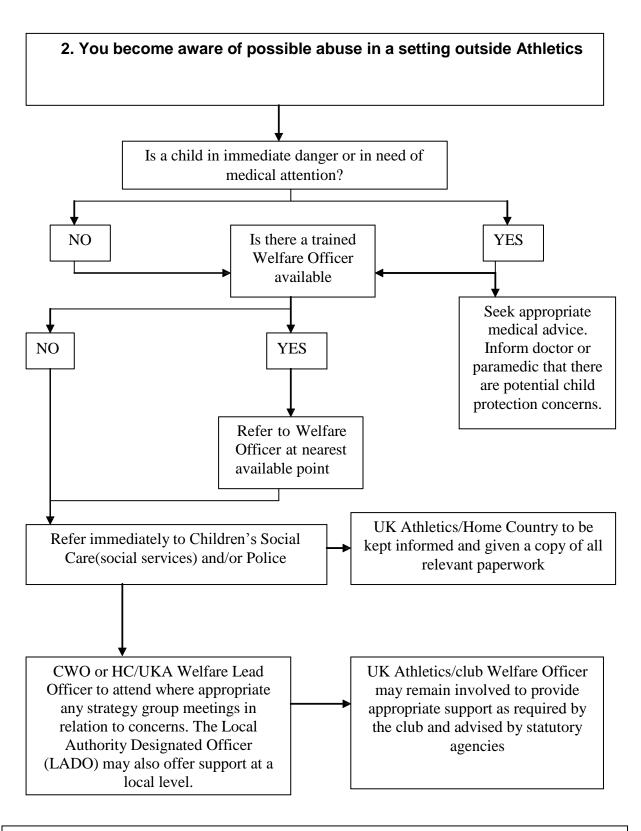
- 1. You witness, suspect or are told about possible abuse in an athletics setting.
- 2. You become aware of possible abuse in a setting outside Athletics
- 3. You witness, suspect or are told about concerns relating to poor practice within an athletics setting
- 4. Referral Form

See corresponding flowcharts 1-3 and use referral form in section 4.



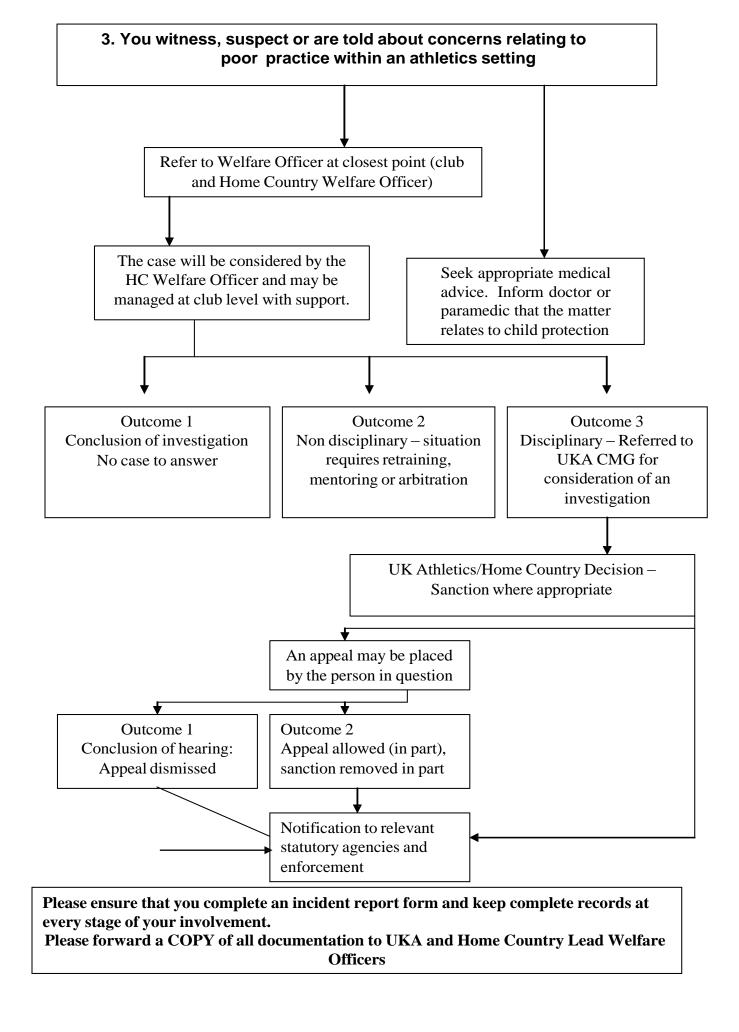
Please forward a COPY of all documentation to UKA and Home Country Lead Welfare

Officers



Please ensure that you complete an incident report form and keep complete records at every stage of your involvement.

Please forward a COPY of all documentation to UKA and Home Country Lead Welfare Officers





REFERRAL FORM

Your name and contact details:				
Your position:				
Your knowledge of and relationship to the child				
Child's name:				
Child's address:				
Child's date of birth:				
Date(s), time(s) and location(s) of incident(s):				
Nature of the concern/allegation:				
Observations made by you or to you (e.g. description of visible bruising, other injuries, child's emotional state etc): NB Make a clear distinction between what is fact, opinion or hearsay				
No Make a clear distriction between what is fact, opinion of flearsay				
Exactly what the child said and what you said (Remember, do not lead the child–record actual details. Continue on a separate sheet if necessary):				
Actions Taken so far:				
External agencies contacted:				

Police	Yes	No	If yes, which:	
Date and time:				
Name and Contact numb	er:			
Details of advice received	d:			
Children's Social Care	Yes	No	If yes, which:	
Or Local Authority Designated Officer				
Date and time:				
Name and Contact number:				
Details of advice received	d:			
UKA LCPO	Yes	No	If yes, which department:	
Date and time:				
Name Role and Contact				
number: Details of advice received	d:			
Other (e.g.	Yes	No	If yes, which:	
NSPCC,Children 1st) Date and time:				
Name and Contact numb	or:			
Details of advice received	ı.			
Print name:				
Signed:			Date:	
Remember to maintain confidentiality (on a need to know basis)-only share if it will protect the child. Do not				

discuss the incident with anyone other than those who need to know.

A copy of this form <u>must</u> be sent to: Athletics Welfare, PO Box 332, Sale. M33 6XL

Email: childprotection@uka.org.uk Telephone: 0161 223 4246.