

# Scottish Sub Aqua Club Significant Incident Form And / Or Child Protection Referral Form



This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to **The Scottish Sub Aqua Club** as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.  
Complete Parts A and B if the concerns relate to possible child abuse.

## 1. CHILD'S DETAILS

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Contact: \_\_\_\_\_

Child's Ethnicity: \_\_\_\_\_  
Child's Preferred Language: \_\_\_\_\_  
Is an Interpreter Required? **YES / NO** (delete as appropriate)  
Is the child affected by disability? **YES / NO** (delete as appropriate)  
If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. DETAILS OF PERSON RECORDING CONCERNS

Name: \_\_\_\_\_  
Position/Role: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Contact: \_\_\_\_\_

## 3. DETAILS OF INCIDENT GIVING RISE TO CONCERNS

(Record details including date, time, location, nature of concerns)

## 4. DETAILS OF ANY WITNESSES

(Record names, addresses and telephone contacts)

**5. DETAILS OF INJURIES**

(Record all injuries sustained, location of injury and action taken)

**PART B** *where there are concerns about possible child abuse*

**6. DETAILS OF PERSON ABOUT WHOM THERE IS A CONCERN**

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Contact: \_\_\_\_\_

**7. DETAILS OF CONCERNS**

(Continue on a separate sheet if necessary)

**8. DETAILS OF ANY ACTION TAKEN**

**9. DETAILS OF AGENCIES CONTACTED**

(Record date, time, name of person contacted and advice received)

**10. Have the child's parents been informed? YES / NO (delete as appropriate)**

If yes, record details:

**11. Child's views on situation (if expressed)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_