

SIGNIFICANT INCIDENT FORM

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a junior. The form must be passed to the Branch CPO or BDO 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 junior.

Complete Parts A and B if the concerns relate to possible abuse of a Junior member.

PART A WHERE THERE ARE CONCERNS ABOUT GENERAL WELFARE OF A JUNIOR

1. Junior's Details

Name:	Date of Birth:
Address:	Tel No:
Postcode:	
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	

2. Details of Person Recording Concerns

Name:	Position/Role:
Address:	Tel No:
Postcode:	

3. Details of Incident giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

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4. Details of any witnesses

(including names, addresses and telephone contacts)

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5. Details of injuries

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

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PART B WHERE THERE ARE CONCERNS ABOUT POSSIBLE ABUSE OF A JUNIOR

6. Details of person about whom there is a concern

Name:	Relationship to Junior:
Address:	Tel No:
Postcode:	

7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why
Continue on a separate sheet if necessary)

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8. Details of any action taken

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9. Details of agencies contacted

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

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

If yes, record details / If no please state why not:

11. Junior's views on situation (if expressed). Where possible, please use the junior's own words.

Signed: _____

Date: _____

Print Name: _____

Position: _____

