

**British Water Ski & Wakeboard**  
**Safeguarding Incident Referral Form**



|                  |
|------------------|
| <b>Club name</b> |
|                  |

| Your Details   |  |  |  |
|--|--|--|--|
| <b>Your name</b>   |  | <b>Position in club</b>  |  |
| <b>Address</b>   |  | <b>BWSW no.</b>  |  |
|  |  | <b>Contact number</b>  |  |
|  |  | <b>Email</b>   |  |
| <b>Are you reporting your own concerns or responding to concerns raised by someone else:</b>                           |  | <input type="checkbox"/> My own concerns<br><input type="checkbox"/> Concerns raised by someone else |  |
| <b>If responding to concerns raised by someone else, please provide details of the person who raised the concerns;</b> |  |  |  |
| <b>Name</b>  |  | <b>Position in club</b>  |  |
| <b>Email</b>   |  | <b>Contact number</b>  |  |

| Details of person the concern is attributed to   |  |                         |  |
|--|--|-------------------------|--|
| <b>Name</b>  |  | <b>Position in club</b> |  |
| <b>Relationship to young person i.e. coach, volunteer</b>  |  |                         |  |
| <b>Have they been notified of the allegation against them?</b><br>NB. This should only happen in a case of poor practice, not in a case of suspected child abuse |  | Yes / No                |  |

| Details of young person                                       |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Name</b>   |  | <b>Sex</b>                            |  |
| <b>DOB</b>  |  | <b>Age at time of incident</b>        |  |
| <b>Ethnic Origin</b>  |  | <b>Any known disability</b>           |  |
| <b>Parent/carer's address</b>                                 |  | <b>Parent/carer's contact details</b> |  |
| <b>Have the parents/carers been notified of the incident?</b> |  | Yes / No                              |  |
| <b>If YES, please provide details of what has been said</b>   |  |                                       |  |
|   |  |                                       |  |

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**Details of the incident**

|                      |  |             |  |
|----------------------|--|-------------|--|
| <b>Date / Period</b> |  | <b>Time</b> |  |
|----------------------|--|-------------|--|

Please give a brief description of the incident or what has prompted your concerns;

If you have spoken to the young person, please give details of what was said and when;

If you have spoken to the parent/carer of the young person involved, please give details;

Please outline what action has been taken so far;

**Please indicate if you have been in contact with any other organisations concerning this incident;**

| Organisation                 | Y/N | Contact Name | Contact Number | Date | Details of advice |
|------------------------------|-----|--------------|----------------|------|-------------------|
| BWSW                         |     |              |                |      |                   |
| Police                       |     |              |                |      |                   |
| Social Services              |     |              |                |      |                   |
| Local Safeguarding Authority |     |              |                |      |                   |

|               |             |
|---------------|-------------|
| <b>Signed</b> | <b>Date</b> |
|---------------|-------------|

Remember to maintain confidentiality on a need to know basis. Only disclose information if it will protect the child.

This form should be returned to (please mark your envelope 'CONFIDENTIAL'): BWSW – Lead Child Welfare Officer, Unit 3, The Forum, Hanworth Lane, Chertsey, KT16 9JX