It is important to keep an accurate record of the information you know and who you passed it on to. Complete as much information as possible. **Continue onto a separate sheet or additional form if necessary.**

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child or adult at risk. The form must be passed to Paddle UK[[1]](#footnote-1) (or home nation association) as soon as possible after completion; do not delay in attempting to obtain information to complete all sections.

|  |
| --- |
| **YOUR DETAILS** |
| Full name: |
| Club/ Centre/ Team/ Event:  |
| Position in Club/Centre/Team/Event: |
| Address: Postcode: |
| Phone numbers: |
| Email Address:  |

|  |
| --- |
| **DETAILS OF CHILD/ ADULT AT RISK** (Please complete separate forms for each person involved- if more than one) |
| Full name: |
| Age/ Date of birth: | Gender: |
| Address:Postcode: |
| Phone Number (where appropriate): |
| Email Address (where appropriate): |
| Relationship with the Club/Centre/Team/Event: |
| Any additional vulnerabilities (i.e: mental health condition, disability…….) |
| Parent/Carer Name: |
| Parent/Carer Phone Number: |
| Parent/Carer Email Address: |

|  |
| --- |
| **DETAILS OF PERSON(S) AGAINST WHOM ALLEGATIONS HAVE BEEN MADE** (if applicable) |
| Full name: |
| Age/ Date of Birth: |
| Address:Postcode: |
| Phone numbers: |
| Email Address: |
| Club/ Centre/ Team/ Event: |
| Position in Club/Centre/Team/ Event/: |
| Any additional vulnerabilities (i.e: mental health condition, disability…….) |

**DETAIL BELOW THE NATURE OF THE CONCERN:**

(include all dates, times and venues)

**HAVE YOU SPOKEN TO THE CHILD/ ADULT?** YES

NO

If yes, detail exactly what was said. Include all dates, times and venues:

**WERE THERE ANY WITNESSES TO THE INCIDENT OR CAUSE FOR CONCERN?**

YES NO

(If yes, provide their name, role, relationship (if any) to the child or others involved and contact details)

**HAVE YOU SPOKEN TO THE PARENTS/ CARERS?** YES

(If yes, provide details of what was said)

NO

**HAVE YOU SPOKEN TO THE PERSON THE ALLEGATIONS ARE BEING MADE AGAINST?** YES NO

Note: In some circumstances it might not be appropriate to discuss any allegations with the person the allegations are being made against. If a discussion has taken place please provide the details of what was said:

# HAVE YOU INFORMED THE STATUTORY AGENCIES?

Name of person you spoke to: Incident Number Police YES  NO 

Contact Details

Children’s

Social Care YES  NO 

Contact Details

Adult Social

Care YES  NO 

Contact Details

Any other YES  NO  Agency\*

Contact Details

\*This might include the Local Authority Designated Officer (LADO) whose role it is to

be involved in the management and oversight of allegations against people that work with children.

PRINT NAME: SIGNATURE: DATE/ TIME:

Please return this form via email or in an envelope marked **PRIVATE and CONFIDENTIAL** to:

**England:** Lead Safeguarding Officer, Paddle UK, National Water Sports Centre, Adbolton Lane, Holme Pierrepont, Nottingham, NG12 2LU or email safeguarding@paddleuk.org.uk

**Northern Ireland:** Lead Safeguarding Officer, The Canoe Association of Northern Ireland, Belfast Boat Club, 12 Lockview Road, Belfast, BT9 5FJ or email safeguarding@cani.org.uk

**Scotland:** Lead Safeguarding Officer, Paddle Scotland, Grandtully Campsite, Lageonan Road, Grandtully, Pitlochry, PH9 0PL or email child.protection@canoescotland.org

**Wales:** Lead Safegaurding Officer, Canoe Wales, Canolfan Tryweryn, Frongoch, Bala, Gwynedd, LL23 7NU or email childprotection@canoewales.com.

1. Paddle UK is a trading name of British Canoeing which is a Company registered at Companies House with the registered number 01525484. [↑](#footnote-ref-1)