

## INCIDENT REPORT FORM

<i>Name of Squad/Activity etc</i>	
Record completed by:	
Your Position:	Date:
Child's Name:	
Child's Address:	
Child's Date of Birth:	
Parents/Guardian(s) Name(s) and Address:	<b>Name:</b>
	<b>Address:</b>
Date and time of any incident:	<b>Date:</b> <span style="float: right;"><b>Time:</b></span>
Your Observations:	
Detail exactly what the child said and what you said :  <b>(Remember do not lead the child – record actual details. Continue on a separate sheet if necessary)</b>	
Action taken so far:	

Designated Officer informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>External Agencies Contacted</b>	
Gardaí/Police <input type="checkbox"/> Yes <input type="checkbox"/> No Station contacted:	Details of advice received:
Name:	
Contact no:	
CFA/Social Services <input type="checkbox"/> Yes <input type="checkbox"/> No Branch contacted:	Details of advice received:
Name:	
Contact number:	
Horse Sport Ireland <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name:	
Contact number:	
Other (e.g. NSPCC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of advice received:
Name:	
Contact number:	

*Please sign this form overleaf >>*

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Signature

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Date

Remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

***N.B. A copy of this form may be sent to CFA/Social Services after the telephone report/informal discussion and to the Horse Sport Ireland Designated Person/Safeguarding Officer for monitoring purposes.***