



Email: [beam@beamgymnastics.co.uk](mailto:beam@beamgymnastics.co.uk)

## Safeguarding Incident Recording Form

**If an incident or concern is immediate and there is a risk of significant harm to a child or that they are in need of protection, then call your local Police and/or Social Services.**

Once the matter has been referred then complete this form and submit to [BEAM! through Gymnastics](#).

This form should be used by club officials to record the details of any concerns raised. All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. The form should be completed for all levels of concern, even where no immediate action may be necessary.

Your Name:	
Your Position:	Contact number:
Name of athlete, volunteer, family member:	
Gender:	
Address of athlete, volunteer, family member:	
Contact number:	
Parents'/carers' names and address [if athlete]:	
Date of birth of athlete, volunteer, family member:	
Date, time and location of any incident:	
Name and address of person who witnessed and reported the incident:	
Contact number:	

*An accessible gymnastics club supporting children with additional emotional, physical, behavioural and sensory challenges.*

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Company Number 11083693 Registered Office: 23 North Home Road, Cirencester Glos GL7 1DL*

Your observations – If you have observed or an injury has been reported, please indicate on the body map attached as part of this reporting form.

Exactly what the athlete, volunteer, family member said and what you said:  
(Remember; do not lead the individual – record actual details verbatim. Include any names shared but do not ask for these if not disclosed voluntarily. Please continue on over the page if necessary).

If the child has given an account of this injury give details:

Please indicate the attitude of the child regarding the injury

If the parent has volunteered an account of this injury give details:

Please indicate the attitude of the parent (if notified by parent) regarding this injury:

Action taken by the BEAM! Officer/team so far:

Further Information:

Signature:
Print Name:
Date:

Actions Taken by BEAM! Safeguarding & Welfare Team:
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Decisions made and by whom:
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External agencies contacted (date & time):
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Police Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	If yes – which: Name & contact number: Details of advice received:
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Social Care/MASH Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	If yes – which: Name & contact number: Details of advice received:
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Other e.g. NSPCC Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	If yes – which: Name & contact number: Details of advice received:
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Signature:
Print Name:
Date:

**GUIDELINES**

Remember to maintain confidentiality and only share information on a need to know basis

–to protect the child or vulnerable adult or the general public. Do not discuss this incident with anyone other than those who need to know.

For assistance or support in completing this form, please contact a member of the BEAM! Gymnastics Safeguarding & Welfare team:

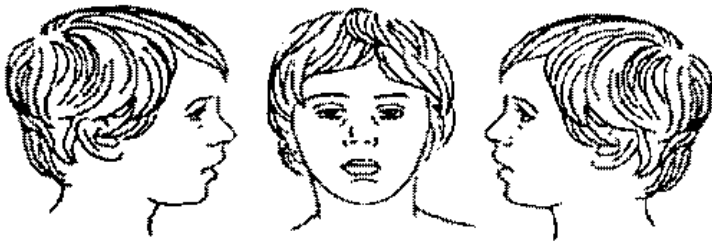
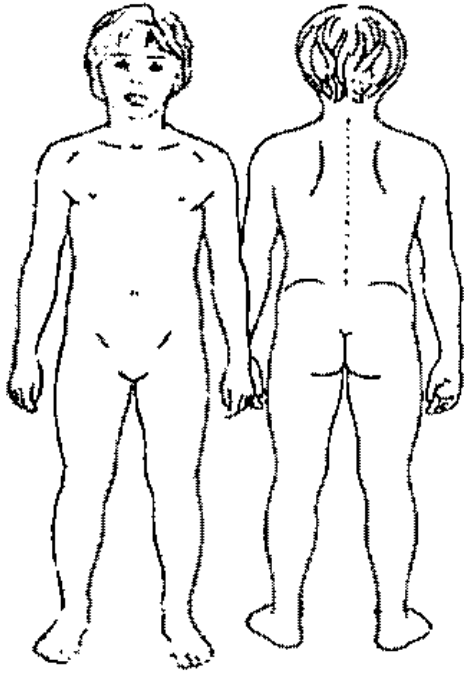
1. Rachel Rogers on 07845 085 685
2. Megan Sheridan on 07532 771 230

#### What Information to record

- The vulnerable adults/child's name, age and date of birth
- The vulnerable adult/child's home address
- Whether or not the person making the report is expressing their own concerns or those of someone else
- The nature of the allegation: Include dates, times, any special factors and other relevant information
- Make a clear distinction between what is fact, opinion or hearsay
- A description of any visible bruising or other injuries (use body map to indicate position/ colour/size). Also, any indirect signs, such as change in behaviour
- Details of witnesses to the incidents
- The vulnerable adult/child's account, if it can be given, of what has happened and how any bruising/injuries etc. occurred. Do not ask leading questions or interrogate.
- Whether parents or carers have been contacted (only if this would not put the child/vulnerable adult at greater risk)
  - if so, who has been contacted
  - what was said
- Whether anyone else has been contacted
  - if so, record details
- If the vulnerable adult/child was not the person who reported the incident, whether the vulnerable adult/child has been spoken to?
  - If so, what was said?
- Has anyone been alleged to be the abuser
- Record details: name, age, relationship to the vulnerable adult/child (e.g. staff or family member)
- Whether possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded

Indicate any injury on the appropriate section of the diagrams below – DO NOT PHOTOGRAPH IT

Description of injury:



**COMMON SITES FOR  
NON-ACCIDENTAL INJURY**

**COMMON SITES FOR  
ACCIDENTAL INJURY**

