

Accident Report Form

This form should be completed by the youth worker on the scene at the time of any accident, and as soon after the event as possible. The report should then be handed to **(Project Coordinator)** to complete the subsequent action taken section.

Reported By:		Position:		Contact:	
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ACCIDENT DETAILS					
Date:		Time:		Location:	
Address:					
What activity was taking place?					
Name of first aider & treatment given ? (if applicable)					
INJURED PERSON					
Name:				Age:	
Address:					
Nature of Injury and extent?					
What happened to the person following the accident?					

I confirm all of the above facts are a true record of the accident /incident that occurred.

NAME:		SIGNATURE:		DATE:	
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Were any of the following contacted or notified? (**circle Y or N**)

(IF APPLICABLE)					
Parents/Carers	Y - N	Ambulance	Y - N	Police Report No.	
Police	Y - N	Other	Y - N	Officer Name:	
Details:				Date Reported:	

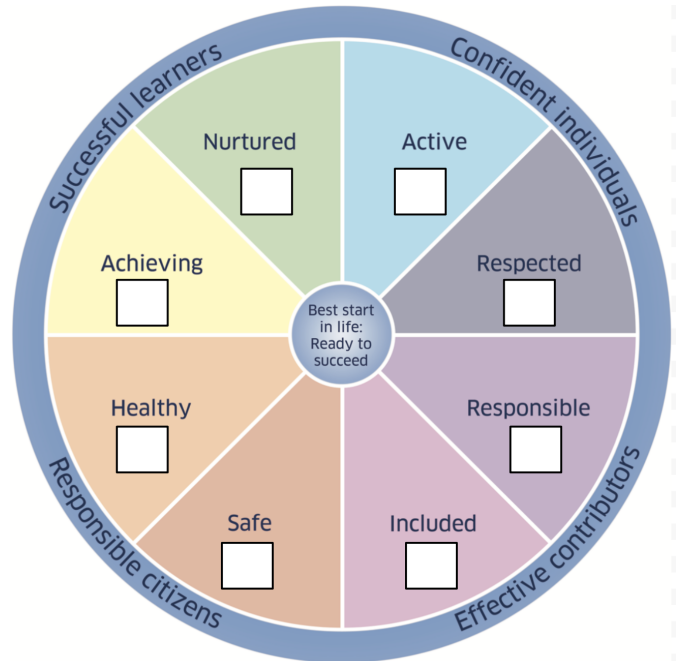
FOLLOW UP ACTION

Child Welfare Report Form

- A report should be made by the person who has had the initial concerns about a child's welfare using this form
- The report should be handed to the **safeguarding Officer** in a sealed envelope

The **Safeguarding Officer** should contact the appropriate Social Work Dept / Police

<u>YOUNG PERSONS DETAILS</u>	
NAME:	
D.O.B:	
<u>PERSON RECORDING DETAILS</u>	
NAME:	
AGENCY:	
<u>AREA OF CONCERN(S)</u>	
Tick the relevant box(es) on the ' Wellbeing Wheel ' or use these headings to record the detail below Safe ▾ Healthy ▾ Achieving ▾ Nurtured ▾ Active ▾ Respected ▾ Responsible ▾ Included ▾	



DESCRIPTION OF CONCERN(S)

If appropriate include strategies to address the issue and /or any actions taken. Please also summarise any previous concerns.

SIGNATURE: _____	Date: ____ / ____ / ____
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It does not have to be the recorder that discusses the concern(s) with the parent or carer but agreement should be reached about who is the most appropriate person within the agency to do this and the parent or carer's views recorded here.

HAS THE CONCERN(S) BEEN SHARED WITH THE **PARENT/CARER?** Yes/No **SELECT** ▾

What is the parent/Carer saying about the concern(s)

HAS THE CONCERN(S) BEEN SHARED WITH THE **YOUNG PERSON?** Yes/No **SELECT** ▾

What is the young person saying about the concern(s)

ONLY COMPLETE THIS SECTION IF RELEVANT TO AGENCY STRUCTURE

HAS THE CONCERN(S) BEEN SHARED WITH ANYONE ELSE? Yes/No **SELECT** ▾

If 'YES' please specify	
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Comments / Action:

THIS SECTION MUST ALWAYS BE COMPLETED BY THE NAMED PERSON

(or person acting on their behalf)

ACTION BEING TAKEN IN RELATION TO THIS WELLBEING CONCERN?

SELECT ▾

Continue to monitor Initiate Child Protection Procedures Carry out Assessment of Need

Discuss with Lead Professional (if allocated)

Comments / Action:

FEEDBACK GIVEN TO **REFERRER?** Yes/No **SELECT** ▾ DATE: ___/___/___

Name:	Job Title:	Date: ___/___/___
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Incident Report Form

Reported By:		Role / Position:	
Place Of Work:		Contact Number:	

INCIDENT DETAILS

Incident: Type:		Date of Incident:	
Address of Incident:			
Specific area of location (if applicable):			
Incident Description (What happened):			

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1.	
2.	
3.	

NAME / ROLE / CONTACT OF WITNESSES

1.	
2.	
3.	

(IF APPLICABLE)

Police Report No.		Officer Name:	
Station Phone Number:		Date Reported:	

FOLLOW UP ACTION

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MANAGER NAME:		SIGNATURE:		DATE:	
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