

ENGLISH TABLE TENNIS ASSOCIATION LTD. REPORTING INCIDENT OF CHILD ABUSE FORM

<u>IF A CHILD IS IN IMMEDIATE DANGER OR NEEDS URGENT MEDICAL TREATMENT PHONE 999</u>

Name of Child:	
Age and date of birth:	Ethnicity:
Religion:	First Language:
Disability:	Any special factors:
Your Name and Position:	
Your Contact Details:	
Parent/Carers Name and contact details:	
Are you reporting your own concerns or passing on those of somebody else? Give details of individual(s) and their role(s) including contact details:	
Brief description of what has prompted the concerns – include date, times etc. of any specific incidents:	

Have you spoken to the child? If so, what was said – remember do not lead or make promises you cannot keep?		
Have you spoken to the parent(s)/carers? If so, give details:		
Any actions taken?		
Have you consulted anybody else – please give details:		
PoliceYes/No Details – include date and time, actions taken, advice given:		
Chilldren's Social CareYes/No Details – include date and time, actions taken, advice given:		
Local AuthorityYes/No Details – include date and time, actions taken, advice given:		
ETTA Club/League Welfare OfficerYes/No Details – include date and time, actions taken, advice given:		
Signed:		
(print name) Date:		
Please keep a copy of the form for your records and send a copy to: The Child Protection Officer, English Table Tennis Association Ltd., Queensbury House, Havelock Road, Hastings, E. Sussex. TN34 1HF		

Remember always to maintain confidentiality – do not discuss this incident with anyone other than those who need to know.