



British Amateur Boxing Association Safeguarding Incident Report Form

Please provide information on this form, if you have a concern or an issue relating to someone or something with BABA.

I understand that the information I provided may be used for the benefit of the BABA and if required will be shared with Statutory Agencies.

Name of referrer:

Position:

Date of referral:

Location:

Referrer Tel contact number:

Details of child or young person (under 18 years of age)

Family Name		Forenames	
Age		DOB	
Female/Male		Ethnicity	
Religion		Disability	
First Language		Parent's/carer's name	
Home address (and phone number)		Child's school	
School Address and Telephone number			

1. Are you reporting on your own concerns or passing on those of somebody else? Give details

2. Brief description of what has prompted the concerns: include dates, times, people involved etc of any specific incident.



3. Does anyone else know about it? Did anyone else see, hear or make any comments? Give their names and details (if possible).

4. Have you spoken to the child? If so what was said?

5. Have you spoken to the parents? If so what was said?

6. Have you consulted anybody else? Give details

Signed:

Dated

Print Name:

British Amateur Boxing Association Lead Safeguarding Officer: Laura Ross, Tel Number 0114 223 5613
NSPCC Helpline: 0808 800 5000

Complete as fully as possible but do not delay reporting for lack of information