Section E

WORLD TANG SOO DO ASSOCIATION (GREAT BRITAIN) INCIDENT FORM

Reporting incidents or concerns of abuse or poor practice.

Please give as much information as possible, using extra sheets if necessary. Once completed then pass to your Designated Child Protection Officer or in their absence to another DCPO as soon as is reasonably possible.

Name of Child, young person or vulnerable adult:

adult:	D.O.B//
Name:	Tel No.
Home Address:	Assoc ID.
61	Name of Parents
	Mr
2	Mrs

Any Special factors to be considered (e. g. Language difficulties, disability or anything else of relevance.)

Are your reports your own concerns or passing on those of somebody else ? Details:

What has prompted the concerns ? Include dates, times and details of any specific incidents, ensuring all information is written factually.

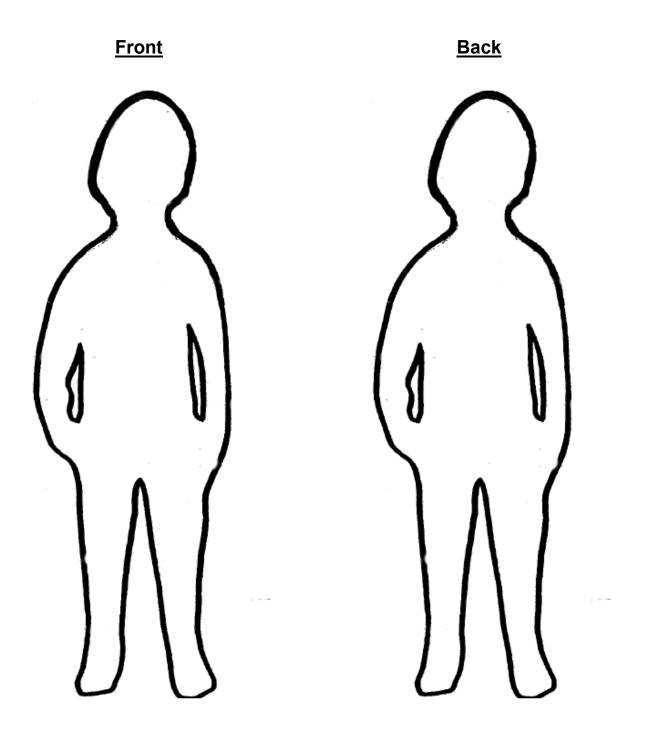
What (if any) physical, behavioural or indirect signs were present?

If the child, young person or vulnerable adult has spoken to you. Record what was said using the child's, young person's or vulnerable adult's own words in quotes("")

Has anyone been alleged to be the abuser? Details	Yes () No ()
Have you consulted anyone else? Details	Yes () No ()
Is there anyone else who might be involved in (Anyone who may have seen or heard things rel Details:	a the incident? Yes () No () ating to the incident)
Any other relevant information ?	
Your Name:	Your Rank:
Your contact details:	
Address :	Tel No
	Mobile:
	Assoc. No
Post code :	
Signature:	Date: / /
Name of person receiving this report.	Position:

Name of person receiving this report.	Position:	
Action Taken		

Use this body map to identify any , bruising, marks, or injuries significant to the alleged incident.



Please attach this body map diagram to the Incident form.