



3. Information



3.1 Useful contact details

[Eastbourne Borough Council's Health and Social Care Dept](#)

During normal office hours (*Monday to Sunday, 8.00am - 8.00pm including public holidays*) you should contact the:

Referral and Assessment Team on 0345 60 80 191

If the situation is urgent outside these times please call the Emergency Duty Team on 0345 60 80 191 and select option 2 to connect to their Emergency Duty Service.

[East Sussex Police](#)

At any time ring the police on this non emergency number 01273 470171 and tell the operator you wish to speak to a Child Protection Officer. These officers' work with the Health and Social Care Dept

The County Child Protection Officer

Paul Startup

Telephone 01323 466606 or 07825 782793, email

paul.startup@eastsussex.gov.uk

NSPCC Child Protection in Sport Unit

3 Gilmour Close

Beaumont Leys

Leicester

LE4 1EZ

Tel: 0116 234 7278

Fax: 0116 234 0464

Helpline: 0808 800 5000

www.sportsprotects.org.uk

NSPCC

National Centre

42 Curtain Road

London

EC2A 3NH

Tel: 020 7825 2500

Helpline: 0808 800 5000

Disability Sport England

Unit 4G 784-788 High Road

Tottenham London

N17 0DA

Tel: 020 8801 4466

Childline UK

Freepost 1111

London

N1 0BR

Tel: 0800 1111

Fax 020 8801 6644

Children First

74 Victoria Crescent Road

Glasgow

G12

Tel: 0141 342 4870

Fax: 0113 275 5019

Criminal Records Bureau (CRB)

Disclosure Service

P O Box 91





Liverpool
 L69 2UH
 Tel: 0870 90 90 811 (Information Line)
 Tel: 0870 90 90 844 (Application Line)
 Tel: 0870 90 90 778 (Dispute Line)
www.disclosure.gov.uk

3.2 Incident report form

CHILD PROTECTION INCIDENT REPORT FORM

This form must be completed by the Club Official/CPO responsible for children and young people within the Club to record the details of any concerns raised if and when incidents occur. If the incident has been reported to the Police and/or Children's Social Care Services a copy of this form must be sent to them within 24 hours of the telephone report. All efforts must be made to keep this information confidential. This information must only be shared with those that need to know if it is in the best interest of the child or young person. Note that where a concern is immediate please make initial contact by telephone on 07788880865. The form must be completed at all levels of concern, even where no immediate action may be necessary.

INCIDENT REPORT FORM	
Name of Child/Young Person concerned (If more than one child complete a separate Incident Report form for each one)	
Age of Child/Young Person	
Date of Birth:	
Child's/Young Person's Home Address including Post Code	
Child's/Young Person's Home Telephone Number:	
Any identified special needs or disability:	
Ethnicity:	
Home/Parent's telephone number:	
Name of Club Child /Young Person attends:	
The nature of the allegation. Include venue, dates, times, any special factors and other relevant information. A description of any visible bruising or other injuries. Also any direct signs, such as behavioural changes (Make a clear distinction between what is fact, opinion or hearsay)	





<p>If concerns were passed on by a third party, supply their details (name, contact number, etc) and record what was said (Continue on a separate sheet if necessary)</p>	
<p>If the child/young person made a direct disclosure, describe the circumstances and record the child or young person's account, if it can be given, of what has happened and how any bruising or other injuries occurred (using their words) (Continue on a separate sheet if necessary)</p>	
<p>Name, role, relationship to the child/young person and contact details (if known) of any alleged perpetrator(s):</p>	
<p>Name, role and contact details of any potential witnesses to the alleged incident:</p>	
<p>Have the parents been contacted – if so what was said?</p>	
<p>Any actions – that you have taken – including names and contact numbers of Police, Children's Social Care Services, etc with whom this information has been shared</p>	
<p>Any other additional information</p>	
<p>Your Name:</p>	
<p>Role:</p>	
<p>Contact Number:</p>	
<p>Attachments included: Yes No</p>	
<p>Signature:</p>	
<p>Pass this form on to: _____ in line with your Club procedures</p>	
<p>Please ensure confidentiality and share your concerns on a strictly need-to-know basis, and only in order to protect this child/young person or other children/young people</p>	
<p>You may wish to seek assurance by discussing your concerns with someone outside the Club NSPCC Helpline provides a free, 24-hour service on 0808 800 5000</p>	





3.3 Photography consent form

Tournament Registration Form:

Name:
Address:
Telephone No: Email:
Signature: Print Name: Date:

I wish to take photographs or record images at this tournament. I/we agree to abide by the tournament organisers' guidelines and confirm that the photographs or recorded images will be solely used for the purposes they are intended.

