

Worcestershire Youth Sailing Association



2021 REPORT OF CONCERN FOR A CHILD OR YOUNG PERSON

Child / Young Person's Name: _____ Age: _____

Parent(s)' Names: (if applicable) _____

Address: _____

Date: _____ Time: _____ Place: _____

Is the following information (tick as appropriate):

- From your own observation?
- The reporting of someone else's concern

Describe in detail the nature of your concerns including any incident leading up to the concerns:

Who was allegedly involved and in what way?

Write down anything the child / young person / adult has said, as exactly as possible:

Describe any behavioural changes in the child / young person / adult that you have observed:

Who have you spoken to about your concerns (tick as appropriate)?

- | | | | |
|-----------------|--------------------------|-------------|--------------------------|
| The Individual | <input type="checkbox"/> | Police | <input type="checkbox"/> |
| Parent / Carer | <input type="checkbox"/> | Social Care | <input type="checkbox"/> |
| Activity Leader | <input type="checkbox"/> | LADO | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

What feedback have you received?

Has the parent of the child / young person given any explanations for your concerns?

Who have you passed this information to?

Please note this record must be submitted to the WYSA Welfare Officer for Safeguarding, or if not available, the WYSA Deputy Welfare for Safeguarding. This information is not to be stored anywhere else or discussed with anyone else.

Your Signature: _____

Your Name (capitals): _____ **Date:** _____

Action undertaken by WYSA Welfare Officer for Safeguarding or if not available, the WYSA Deputy Welfare Officer for Safeguarding

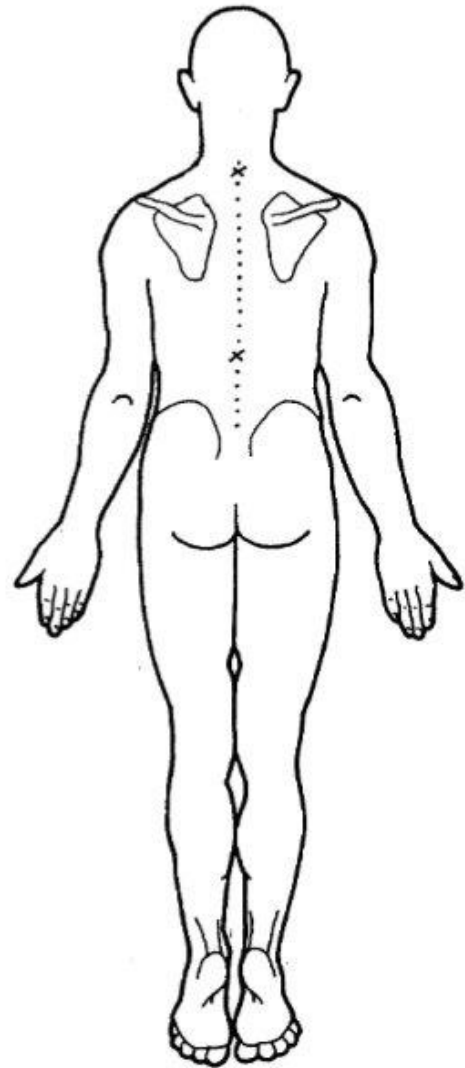
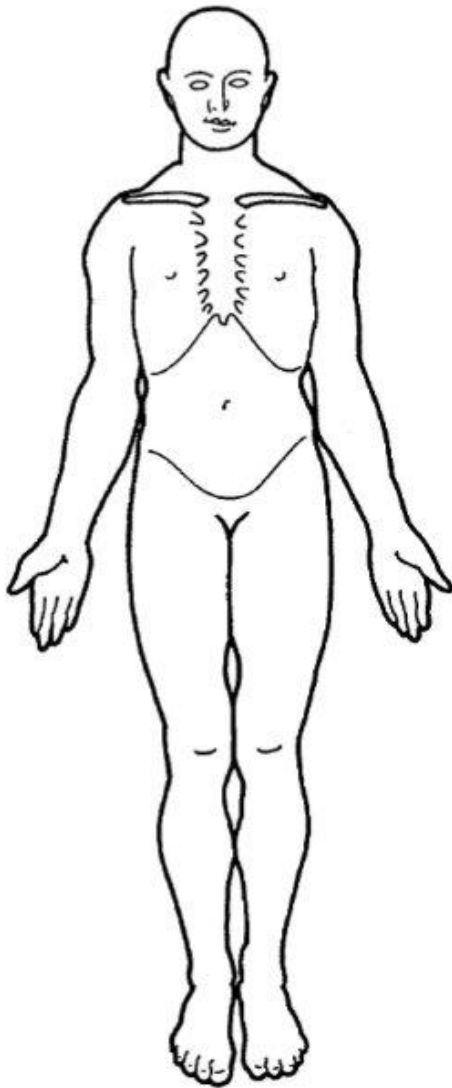
Has the Children's Social Care Access Centre been informed? Yes No

By Whom: _____ Position: _____

Signature: _____ Date: _____

WYSA Chair or other WYSA Authorised Person:

Signature: _____ Date: _____

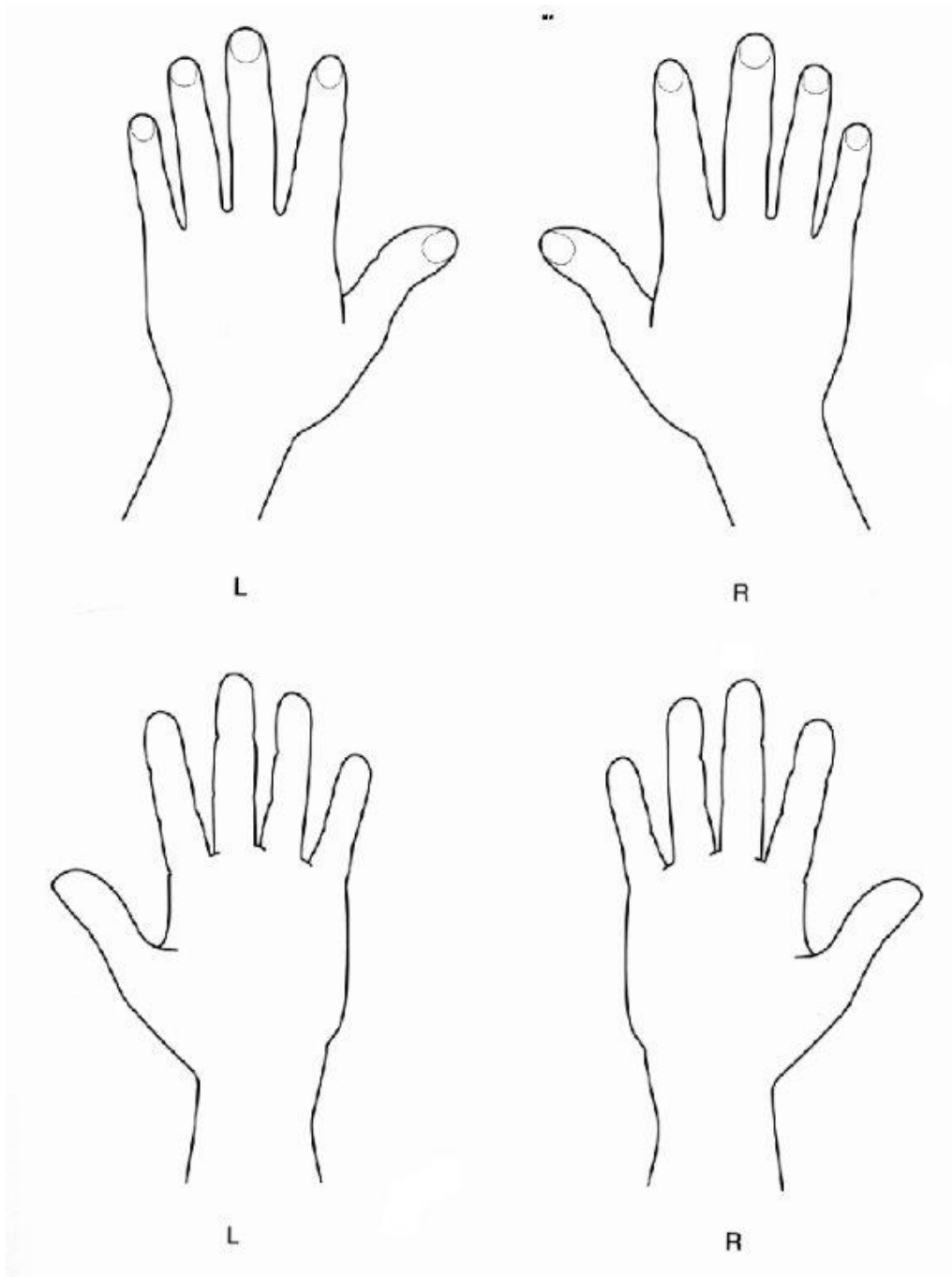


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Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury.

Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

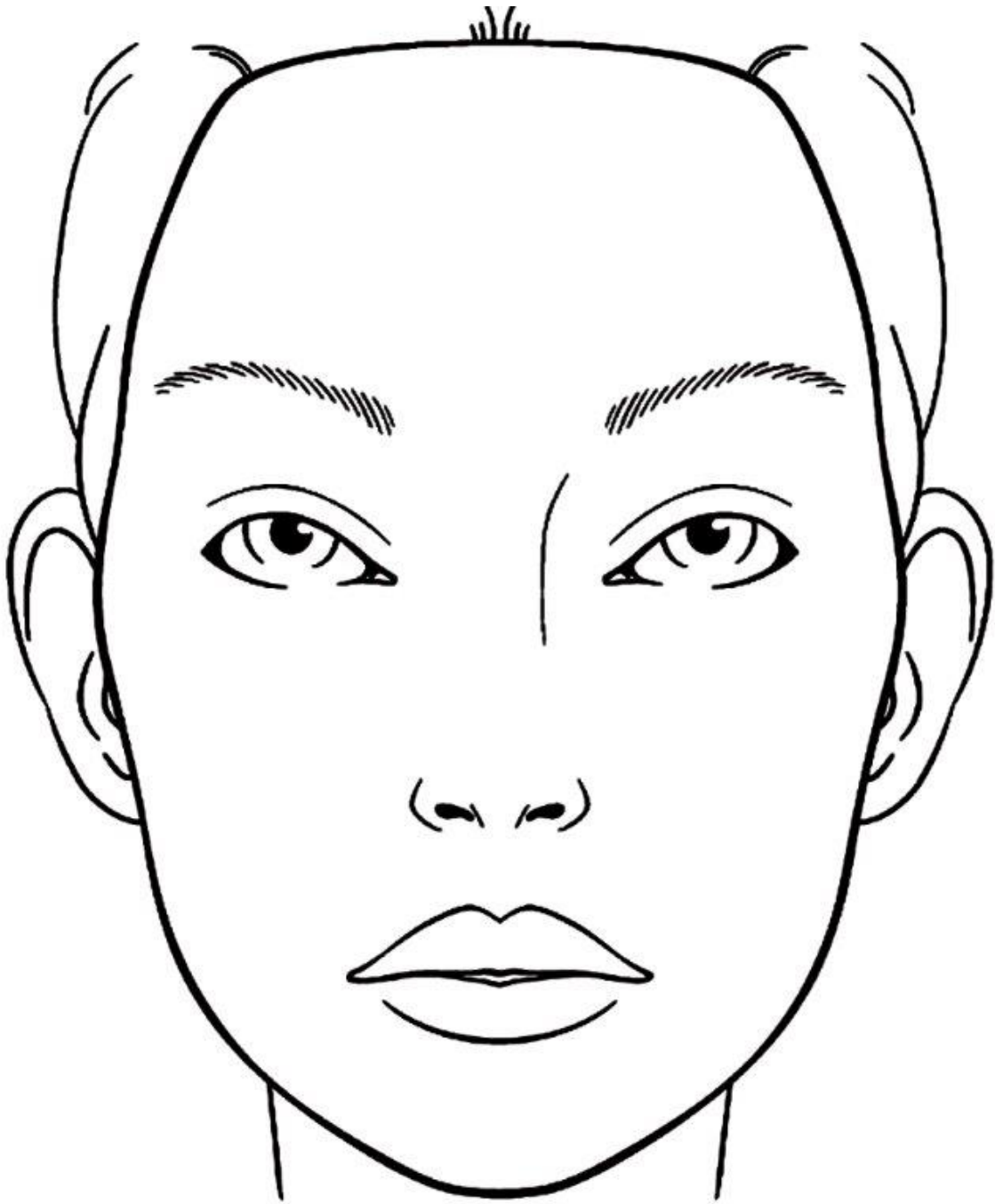
Injury Observations: (please write below or on reverse):



Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury.

Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

Injury Observations: (please write below or on reverse):



Indicate above the location of any noticeable injuries; please include a description of injury, ie burn, cut, bruise and the severity of the injury.
Remember, it is not your job to investigate or to decide if any injury or mark is non-accidental.

Injury Observations: (please write below or on reverse):

Information given on this WYSA Report of Concern Form will only be seen by WYSA Safeguarding Officers and will be stored in a secure place. Information will only be shared as detailed in the WYSA Safeguarding Policy.