

Parish
address/contact details

Parish logo/emblem

Incident report form

N.R.C.D.T. A Registered Charity

Event

Location and date _____

Nature _____

Leader _____

Incident

Name of child/young person involved _____

D.O.B. _____

Date and time of incident _____

Place of incident _____

Circumstances of incident (continue on a separate sheet if necessary and securely attach)

Names of those present at the incident

Nature of harm

Treatment given/action taken

Reported to whom

Subsequent action taken

Signed _____ Date _____

Print name _____ Position _____

This form should be copied and forwarded to the Director of Diocesan Youth Services. The original should be kept in a file held in a secure place such as the parish safe.

Data Protection Act 1998. The information given above will be used solely for the purpose for which it was given. It will held confidentially, update when necessary and destroyed when no longer required.