



British Council for Chinese Martial Arts

Child Protection Incident Report Form

This form should be completed in typescript or BLOCK Capitals and e-mailed to rob.simpson@bccma.com

Your name:	Your position:
Your address:	Your phone number/s:
Child's name:	Child's address:
Date of birth:	
Parents/carers names and address:	
Date and time of any incident:	
Your observations:	
Exactly what the child said and what you said:	
Action taken so far:	
Alleged / suspected abusers':	
Name:	
Address:	

External agencies contacted (date & time)	
Police yes/no	If yes – which: Name and contact number: Details of advice received:
Social services yes/ no	If yes – which: Name and contact number: Details of advice received:
NGB yes/no	Name and contact number: Details of advice received:
Local authority yes/no	If yes – which: Name and contact number: Details of advice received:
Other (e.g. NSPCC)	Which: Name and contact number: Details of advice received:

Print Name: _____

Signature: _____

Print Date: _____