Appendix 12

Incident Record
to be completed by Youth Workers

This record should be completed by any youth worker who observes an incident or obtains information of concern about a child or worker.

Date ..... Time .....

Name of child/worker ..... Date of birth ..... / ..... / .....

Child/worker's address .....

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Name of organisation .....

Activity involved in at the time .....

Description of any visible bruising or other injuries .....

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Full details of incident/concern (Information given here should be factual and not your own opinions. It should include the child's own words, any observations relating to his/her behaviour or demeanour, and any comments you made to the child/worker at the time.)

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..... *(If you need more space, please continue overleaf.)*

Other adults present at incident .....

Have you spoken to anyone else as a result of this incident/concern? YES ✎ NO ✎ (Please tick)

If yes, please give details .....

.....

Signed ..... Date .....

PLEASE HAND THIS SHEET TO THE RESPONSIBLE PERSON IMMEDIATELY.