



BMFA Incident Reporting Form A

**Note: Please do not interpret what is seen or heard; simply record the facts.
After completing the form, pass it immediately to the Club Welfare Officer**

Name of child/ vulnerable adult	Club Name
DOB	Name of Club Member completing the form
Address	BMFA Number if applicable

Date/ Time/Place of Incident

Nature of incident / concern including relevant background (Record child's word verbatim and any wishes and feelings expressed)
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BMFA Incident Reporting Form B

Actions taken by Club Welfare Officer

Name of child/ vulnerable adult

Club Name

Date of Incident.

Name of Club Member completing the form

Actions taken:

- Parents/ carers informed Yes or No
If no why not?

- Has an external agency or agencies been contacted?
If so which one/ ones?

- What was the advice given?

Signature and Date of Club Welfare Officer

Please send a copy to The BMFA