



B.W.F.

BRITISH WADO FEDERATION

Child Protection Safeguarding Incident Form

CHAIRMAN

PAUL ELLIOTT 8TH DAN KYOSHI

LEAD DESIGNATED SAFEGUARDING WELFARE OFFICER

ELIZABETH RAYMAN

BRITISH WADO FEDERATION IS AFFILIATED TO



INTERNATIONAL WADO FEDERATION

BRITISH WADO FEDERATION



- **Was the child harmed or at risk of harm?**

Yes No

If "Yes," describe the nature of harm or risk (physical, emotional, sexual, neglect, etc.):

3. Actions Taken

- **Immediate actions taken by you or others (if applicable):**

- **Have the parents/guardians been informed?**

Yes No

If "No," please explain why: _____

- **Have any external agencies been contacted?**

Yes No

If "Yes," please provide details:

- **Agency Name:** _____
- **Contact Person:** _____
- **Contact Number:** _____
- **Date and Time of Contact:** _____

4. Alleged Perpetrator (If applicable)

- **Name of alleged perpetrator (if known):** _____
- **Relationship to the child (if known):** _____
- **Position/role (if related to karate group):** _____

5. Witnesses (if any)

- **Witness 1:**

○ Name: _____

○ Contact Information: _____



- **Witness 2:**

- Name: _____
- Contact Information: _____

6. Additional Information

- **Any other relevant information or observations:**
(e.g., patterns of behaviour, previous concerns, etc.)

7. Reporting Individual's Information

- **Your Name:** _____
- **Your Role/Position (e.g., Instructor, Parent, Volunteer):** _____
- **Contact Information:** _____
- **Date of completing this form:** _____
- **Signature:** _____

8. For Official Use Only

- **Received by (Name):** _____
- **Role/Position:** _____
- **Date and Time Form Received:** _____
- **Action Taken:**



Important Notes:

1. Once completed, this form should be submitted to the designated **LEAD DESIGNATED SAFEGUARDING WELFARE OFFICER ELIZABETH RAYMAN**
2. In cases of immediate danger or risk to the child, contact the appropriate authorities (police or social services) immediately.
3. This form and its contents must be stored securely and confidentially.

Contact Information for Safeguarding Officer:

- **Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

This form ensures that there is a clear process for reporting safeguarding concerns, providing key details for further investigation while protecting the confidentiality of all involved parties.