

B.W.F.

BRITISH WADO FEDERATION Child Protection Safeguarding Incident Form

CHAIRMAN

PAUL ELLIOTT 8^{TH} DAN KYOSHI LEAD DESIGNATED SAFEGUARDING WELFARE OFFICER ELIZABETH RAYMAN

BRITISH WADO FEDERATION IS AFFILIATED TO



INTERNATIONAL WADO FEDERATION

BRITISH WADO FEDERATION



Karate Child Protection Safeguarding Incident Form

CONFIDENTIAL

This form is to be completed in the event of a child protection or safeguarding incident. It should be filled out by the person reporting the incident as soon as possible after the event. All information will be treated with confidentiality and shared only with relevant authorities.

1. Bas		mation				
•	Name	e of the child/young person:				
	0	Full Name:				
	0	Age:				
	0	Gender:				
	0	Address:				
	0	Contact Information:				
•	Paren	t/Guardian name(s):				
	0	Name:				
	0	Contact Information:				
• Date of Incident:/						
•						
•	Locat	ion of Incident:				
2. Det	tails of	the Incident				
•	Natur	e of the Concern/Incident:				
	0	(Please describe what happened in detail. Include what was seen, heard, or reported.)				
		-				



o Was the child harmed or at risk of harm?

		□ Yes □ No	
If "Yes," o	descr	be the nature of harm or risk (physical, emotional, sexual, neglect,	etc.):
3. Action		ken diate actions taken by you or others (if applicable):	
	lave t ∃Yes	he parents/guardians been informed?	
If "No," p	lease	explain why:	
		any external agencies been contacted? □ No	
If "Yes," p	oleas	e provide details:	
	0	Agency Name:	
	0	Contact Person:	
	0	Contact Number:	
	0	Date and Time of Contact:	
•		petrator (If applicable)	
• 1	lame	of alleged perpetrator (if known):	-
• F	Relati	onship to the child (if known):	
• F	Positi	on/role (if related to karate group):	_
5. Witne	sses	(if any)	
• V	Vitne	ss 1:	
	0	Name:	
	0	Contact Information:	



•	Witness 2:
	o Name:
	o Contact Information:
6. Add	litional Information
•	Any other relevant information or observations:
	(e.g., patterns of behaviour, previous concerns, etc.)
/. Kep	oorting 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.

Cont	act Information for Safeguarding Officer:	
•	Name:	
•	Phone Number:	<u> </u>
•	Email Address:	<u></u>

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.