



BRITISH AUTOMOBILE RACING CLUB

SAFEGUARDING INCIDENT / CONCERN REPORT FORM

Reporting Guidelines

This form is to be used for reporting both suspicious and disclosures of possible abuse or causes of concern: therefore, not all sections may be appropriate. Please complete with as much information as possible. This information will be treated in the strictest confidence, however, the information contained within this form may be shared with appropriate agencies. **Once completed pass to your Designated Safeguarding Officer (DSO) or in their absence to another DSO as soon as is reasonably possible.**

Details of person reporting concerns:
Name:
Date:
Role:
Address:
Contact Number:
Email Address:

Description of Incident/Concern

This log of concern relates to (please tick)

Child Young person Vulnerable adult Other

Subject(s) details
Subject(s) Name(s):
Name of parents/Carers (if appropriate)
Telephone number: Mobile Number:
First Language (if known):
Address:
Any Special Factors to be considered? (eg language difficulties, disability, or anything else relevant):



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Details:

Are you reporting your own concerns or passing on those of somebody else?

Date and time of the incident/concern:

Date:

Time:

What has prompted the concerns? Include dates, times, and details of any specific incidents, making a clear distinction between fact, opinion, and hearsay:

What (if any) physical, behavioural, or indirect signs were present?

Have you spoken to the child, young person, or vulnerable adult?

Yes No

Record what was said using the subjects' own words:

Have you spoken to the parents/carers?

Yes No

Record what was said using their own words:

Has anybody been alleged to be the abuser?

Yes No

Details:

Have you consulted anyone else?

Yes No

Details:



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Is there anyone else who might be involved in the incident? (e.g. anyone you think has seen or heard things relating to the incident?)

Yes No

Details:

Signature of person completing log:

Printed name of person completing log:

Phone number of person completing log:

Please ensure this form is immediately handed securely to a Designated Safeguarding Officer or e-mailed to the DSOs email using safeguarding@barc.net

Designated Safeguarding Officer (DSO) Use Only

Date Form received:

Name:

Contact Number(s):

Job role:

Action taken by DSO:

Any previous information on file? If yes please give details:

Was this referred on?

If so, please tick as appropriate:

MUK Children's Social Care Adult's Social Care Police Date Referred:

Feedback of action taken (including follow-up calls, feedback from other professionals etc and details):



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Date reviewed:

Date case closed:

Date uploaded to Dropbox/Drive as PDF:

Unique Reference Number (allocated on Dropbox/Drive)