



BRITISH TAEKWONDO COUNCIL

Incident Referral Report Form

Your Name:			
Your Position:			
Name of child or vulnerable adult:			
Address of child or vulnerable adult:			
Parents/carers names and address:			
Date of birth (Children):	Gender?	Ethnicity?	Disability?
Date and time of any incident:			
Your observations:			
Exactly what the child or vulnerable adult say and what you said (Remember, do not lead the child or vulnerable adult – record actual details. Continue on separate sheet if necessary)			
Action taken so far:			

Information on alleged abuser:

External agencies contacted (date & time)

Police

Yes

No

If yes – which:

Name & contact number:

Details of advice received:

Children's dept.

Yes

No

If yes – which:

Name & contact number:

Details of advice received:

NGB

Yes

No

If yes – which:

Name and Contact number:

Details of advice received:

**Local
Authority/Forum**

Yes

No

If yes – which:

Name & contact number:

Details of advice received:

Other (NSPCC)

Yes

No

If yes - which:

Name & contact number:

Details of advice received: