

Name of accused: _____ Position in Aikido: _____
Relationship between accused and child: _____
Ethnic origin, please state as per chart overleaf _____
Marital Status _____ Age: _____
Address _____

External Agencies Contacted (Dates & Times)		
Police	Contacted by: _____	Date & Time: _____
	Contact Name and Number: _____	
	Details of advice given: _____	
Social Services	Contacted by: _____	Date & Time: _____
	Contact Name and Number: _____	
	Details of advice given: _____	
BAB (e.g.CPO)	Contacted by: _____	Date & Time: _____
	Contact Name and Number: _____	
	Details of advice given: _____	
Local Authority	Contacted by: _____	Date & Time: _____
	Contact Name and Number: _____	
	Details of advice given: _____	
Other (e.g. NSPCC)	Contacted by: _____	Date & Time: _____
	Contact Name and Number: _____	
	Details of advice given: _____	

N.B. A copy of this form should be sent to Social Services or the Police after the telephone report. A copy should also be sent to Lancashire Aikikai Child Protection Officer. Remember to maintain confidentiality in order to protect the child. Do not discuss this incident with anyone other than the Police, Social Services and the Child Protection or Club Welfare Officer unless you have been advised to do so.

Signature _____ Print Name _____

Date
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