



# Bloemfontein

## Gimnastiek Klub | Gymnastics Club

### SAGF Safeguarding Incident Recording Form

If an incident or concern is immediate and there is a risk of significant harm to a child or an adult that they need protection, then call your local SAPS and/or Social Services.

Once the matter has been referred then complete this form and submit to the South African Gymnastics Federation.



This form should be used by club or event officials to record the details of any concerns raised. A copy should be sent to the National Safeguarding Officer(s) at the South African Gymnastics Federation [safeguarding@sagf.co.za](mailto:safeguarding@sagf.co.za). All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. The form should be completed for all levels of concern, even where no immediate action may be necessary.

#### DETAILS OF PERSON COMPLETING THE FORM

Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Position Held: (Safeguarding Officer/Coach, etc.) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Name/details of person who raised concern (if different from above): \_\_\_\_\_

#### DETAILS OF PERSON CONCERN IS ATTRIBUTED TO

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Club Name: \_\_\_\_\_

Relationship to alleged victim: \_\_\_\_\_



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### DETAILS OF ALLEGED VICTIM (if more than one, continue on a separate sheet)

Name: \_\_\_\_\_

Club Name: \_\_\_\_\_ Discipline \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at time of incident (s) \_\_\_\_\_

Parent/Carer details: (incl. name and address) \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Email/Contact Number \_\_\_\_\_

Any identified special needs or disability? \_\_\_\_\_

### DETAILS OF INCIDENT

Date(s) of incident(s): \_\_\_\_\_

Description of the incident(s) (please include as much detail as possible. If a child or vulnerable adult talked to you, write down the exact details of the conversation – remember not to lead them. Please include any other information including location, number of incidents, any witness details etc. - please continue on a separate sheet of paper if necessary)

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Any actions taken?

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Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number:

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### Children/Adult Social Services

Name of contact: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Email: \_\_\_\_\_

Action they are taking/details of advice: \_\_\_\_\_

### South African Police Service (SAPS)

Name of contact: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Email: \_\_\_\_\_

Action they are taking/details of advice:

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### Any relevant additional information

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Signed \_\_\_\_\_

Date \_\_\_\_\_