

Lifesaving South Africa
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 Lifesaving South Africa.

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 Lifesaving South Africa safeguarding@lifesaving.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/Other:) _____

Address: _____

Postcode: _____ Contact Number: _____

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: _____

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

Name:	_____		
Club Name:	_____	Discipline:	_____
Date of Birth:	_____	Age at the time of the Incident:	_____
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):	
	<i>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.</i>
Any Actions taken?	
Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number:	

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: _____

Any Relevant Additional Information:

Signed: _____

Date: _____