



THE WIMBLEDON HOCKEY CLUB

CHILD PROTECTION INCIDENT FORM

1. Child's Details:

Full Name: _____

Age: _____

Date of Birth: _____

Address: _____

2. Incident:

Date: _____

Time: _____

Place: _____

3. Details:

What has the child said:

Your own observations:

Actions you have decided to take, if any:

4. Your Details:

Full Name: _____

Signature: _____

Date: _____

Other people present:

Please Return form to Jenny Walker, jenny@TWCHockey.co.uk at

The Wimbledon Hockey Club Church Road, Wimbledon, SW19 5AG Tel: 0208 971 8090