



Concern Recording Form

This form must be completed as soon as possible after receiving information that causes a concern. Contact the Annan Athletic Football Club Child Wellbeing and Protection Manager on 07870282948 to report the concern then email the completed form to susan.bryson@icloud.com as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Please do not keep any electronic, printed or written versions of this form. It is important to maintain confidentiality to delete or shred as soon as the information has been passed on.

Complete Part A where the concern relates to the wellbeing of a child and/or Part B where the concern relates to the conduct of an adult.

Finally, complete Part C to provide your contact information.

PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD

(SAFE, HEALTHY, ACTIVE, NURTURED, ACHIEVING, RESPECTED, RESPONSIBLE, INCLUDED)

1. Child's Details

Name:	Date of Birth:
Address:	Tel No:
Post Code:	
Club Name:	Club Age Group SYFA ID No (if applicable):
Child's Named Person: (if known)	Named Person Tel No:
Preferred Language:	Is an interpreter required? YES / NO
Any Additional Needs?	

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PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT

7. Details of adult where there are concerns about their conduct

Name:	Tel No:
Address:	Relationship to Child:
Post Code:	

8. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

9. Details of any action taken

10. Details of agencies contacted

(including date, time, name of person contacted and advice received)

11. Have the child's parents/carers been informed? **YES / NO** (delete as appropriate)

If yes, record details / If no, please state why not

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PART C – YOUR CONTACT INFORMATION

12. Details of Person Recording Concerns

Name:	Tel No:
Address:	Position/Role:
Post Code:	

Signed: _____ **Date:** _____

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