

SECTION 4: **FORMS, TEMPLATES & USEFUL** **CONTACT DETAILS**

The forms on the following pages are specimen documents, please photocopy for use or download copies from:
www.volleyballengland.org/safeguarding



SAFEGUARDING INCIDENT REPORT FORM (SIRF) *page 1*

Club/Organisation's Name:

Your Details

Position/Role:

First Name:

Surname:

Address:

Postcode:

Email Address:

Daytime phone number:

Evening phone number:

Young Person's Details

First Name:

Surname:

Date of Birth:

Gender:

Parent/Carer's Name:

Parent/Carer's Contact Tel:

Address:

Postcode:

Disability (if any):

Ethnic Origin (please circle):	White British	White Irish	White Other	Mixed – White & Black Caribbean	Mixed – White & Black African
Mixed – White & Asian	Asian/Asian British Indian	Asian/Asian British Pakistani	Asian/Asian British Bangladeshi	Asian/Asian British Other	Black/Black British Caribbean
Black/Black British African	Black/Black British Other	Chinese	Other Ethnic Group (please state):		

Details of the individual whose behaviour you have concerns about

Position/Role:

First Name:

Surname:

Address:

Postcode:

SAFEGUARDING INCIDENT REPORT FORM (SIRF) *page 2*

Phone number:		Age Band (please circle):	Under 18	18-25 yrs	25-50 yrs	50 yrs+
----------------------	--	--------------------------------------	----------	-----------	-----------	---------

Relationship to the young person for whom there is concern:

**Are you reporting your concerns or passing on those of somebody else?
if the latter, please provide their name and if possible contact details***

**Please describe the concerns/observations.
Include dates, times, venues, etc of any specific incidents.***

**Have you spoken to the young person(s)?
if so, please give details of what was said and when***

**Have you spoken to the parent/carer of the young person(s) involved?
if so, please give details of what was said and when***

Action taken so far:*

External agencies contacted to date

Organisation	Yes/No	Name & Position	Contact Details	Advice received
Volleyball England				
Police				
Children's Social Care				
Other (e.g. NSPCC)				

Signed: **Date:**

Print Name:

*Please continue on a separate sheet where necessary
 Remember to maintain confidentiality. Do not discuss this incident with anyone other than those who need to know.
 This form should be returned to either the Club or Regional Safeguarding Officer in your locality or Volleyball England's Lead Safeguarding Officer at Volleyball England, marked 'PRIVATE & CONFIDENTIAL'.

SP1 - APPLICATION FORM *page 1*

Position Applied For:	
------------------------------	--

Personal Details

First Name:		Surname:	
--------------------	--	-----------------	--

Any other first name, surname or maiden name known by:	
---	--

Date of Birth:		Gender	Male/Female
-----------------------	--	---------------	--------------------

National Insurance Number:	
-----------------------------------	--

Address:		
	Postcode:	

Email Address:	
-----------------------	--

Daytime phone number:		Evening phone number:	
------------------------------	--	------------------------------	--

Employment Details

Current Occupation:		Name of Organisation:	
----------------------------	--	------------------------------	--

Job title:		Start date:	
-------------------	--	--------------------	--

Address:		
	Postcode:	

Telephone numbers:	
---------------------------	--

Nature of duties:	

Previous Experience Working with Young People (voluntary or paid)

Role/Position:		Name of Organisation:	
-----------------------	--	------------------------------	--

Start date:		Finish date:	
--------------------	--	---------------------	--

Relevant Experience:	

If you have any other relevant experience, please use an additional sheet of paper

Qualifications

School/College/University:	Dates attended:	Qualifications achieved:
Sporting Qualifications or training courses attended (please include dates):		

Other Information:

Reason for applying:

References:

Please provide details of two referees who you have known for a minimum of two years and who are not related to you. One should be a current or previous employer while the other should have firsthand experience of your work with young people. (If you do not have any previous experience working with young people, then references from previous employment or someone connected to your work within volleyball will suffice).

Referee 1

Name:

Address:

Postcode:

Tel number:

Referee 2

Name:

Address:

Postcode:

Tel number:

Applicant Declaration

I confirm that the information I have provided in support of my application is a complete and true record.

I have read, understood and accept Volleyball England's Safeguarding & Protecting Young People Policy and Good Practice Guidance (found on www.volleyballengland.org/safeguarding) and as such I agree to fully recognise and adhere to the principles and the relevant Codes of Conduct.

Signed: **Date:**

Print Name:

For Official Use Only

Applicant successful:	Yes / No	References received:	Yes / No	DBS check obtained:	Yes / No
------------------------------	----------	-----------------------------	----------	----------------------------	----------

SP2 - SELF DISCLOSURE FORM *page 1*

This form should be completed for all roles involving contact with young people in volleyball.

NOTE: If the role you are in, or have applied for, involves frequent or regular contact with or responsibility for young people, you will also be required to provide a valid DBS (Disclosure & Barring Service) Certificate which will provide details of criminal convictions. This may also include a Barring List check depending on the nature of the role (see DBS Policy eligibility). This form may be adapted to include individuals working with vulnerable adults.

Private and Confidential - All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Part 1 - Personal Details

First Name:		Surname:	
Any other first name, surname or maiden name known by:			
Date of Birth:		Gender	Male/Female
Address:			
		Postcode:	
Email Address:			
Daytime phone number:		Evening phone number:	

Part 2 - Identification (tick box below): For Completion by the Organisation

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate.		
Either:		
UK Passport Number and Issuing Office		
UK Driving Licence Number (With Picture)		
Plus:		
National Insurance Card or Current Work Permit Number		
Signature of authorised officer:		Date:
Print Name:		

SP2 - SELF DISCLOSURE FORM *page 2*

Part 3 - Declaration For Completion by the Individual (Named in Part 1)

Have you ever been known to any Children's Services Department or The Police as being a risk or potential risk to children?

Yes / No

If Yes, provide information below

Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?

Yes / No

If yes, provide information below

Confirmation of Declaration (tick box below)

I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn, or disciplinary action may be taken, if information is not disclosed by me and subsequently comes to the organisation's attention.

In accordance with the organisation's procedures, if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.

I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.

Signed:

Date:

Print Name:

SP3 - REFERENCE REQUEST FORM

Dear

The below named person has expressed an interested in working within volleyball and has given your name as a referee. The post involves substantial access to young people and as an organisation committed to safeguarding and protecting young people, we are keen to know if you would have any reason at all to be concerned about this applicant being in contact with young people.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post. We would appreciate you being candid, open and honest in your evaluation of this person.

Name of Candidate:	Name of Club/Organisation:	Position/Role Applied For:

1. How long have you known this person?	
--	--

2. In what capacity?	
-----------------------------	--

3. Please comment on their suitability to work with young people?

4. Please rate this person on the following – please tick one box for each statement:
--

	Poor	Average	Good	Very Good	Excellent
Responsibility					
Maturity					
Self-motivation					
Motivating others					
Energy					
Trustworthiness					
Reliability					

5. Would you consider the above named person to pose any risk to the welfare of children or young people?
--

Yes / No	<i>If you have answered YES we will contact you in confidence</i>
----------	---

Signed:		Date:	
----------------	--	--------------	--

Print Name:		Contact no:	
--------------------	--	--------------------	--

Organisation:		Position:	
----------------------	--	------------------	--

Please return to:

Name:		Position/Role:	
--------------	--	-----------------------	--

Address:	
-----------------	--

	Postcode:	
--	------------------	--

SP4 - PHOTOGRAPHY & VIDEO RECORDING REGISTRATION FORM

This form should be completed by anyone wishing to take photographs or recorded images at a volleyball event, session or activity.

Personal Details

Club/Organisation associated with:

First Name:

Surname:

Address:

Postcode:

Email Address:

Daytime phone number:

Evening phone number:

Event, Session or Activity Details

Event, Session or Activity Name:

Venue:

Date(s):

Please describe how the photographs or recorded images will be used

Declaration

I wish to take photographs or recorded images during the course of the above event, session or activity. I have read, understood and agree to abide by the Volleyball England Photographic & Recorded Images Policy and confirm that the photographs and recorded images will only be used in an appropriate manner.

I acknowledge that if it is deemed that I have used the photographs or recorded images inappropriately, this may result in me being unable to use photographic equipment at volleyball events, sessions or activities in the future and that the incident may be reported to the Lead Safeguarding Officer and managed according to the Volleyball England Safeguarding & Protecting Young People Policies & Procedures.

Signed:

Date:

Print Name:

SP5 - PARENT/CARER & YOUNG PERSON CONSENT FORM *page 1*

This form should be completed by the young person and their parent/carer to confirm that they are aware and give consent to participate in a volleyball event, session or activity and provide relevant permissions for communication and the use of photographs and recorded images associated with volleyball.

Organisation

Club/Organisation Name:

Lead Person:

Email Address:

Daytime phone number:

Evening phone number:

Event, Session or Activity Details

Event, Session or Activity Name:

Venue(s):

Date(s):

The above organisation recognises the need to ensure the safety and welfare of all young people and will act in accordance with the permissions below and in line with the Volleyball England Safeguarding & Protecting Young People Policy.

Personal Details

First Name:

Surname:

Address:

Postcode:

Email Address:

Daytime phone number:

Evening phone number:

Medical Information

In case of emergency and as part of the organisation's responsibility to young people, ALL individuals are required to complete this medical information section as accurately as possible. Details will be held securely with access restricted to authorised individuals only.

Name of next of kin:

Relationship:

Contact Tel no.

As far as you are aware, are you allergic to any medication? (If so, please state.)

Are you taking any medication? (If so, please state.)

Do you have any long term illnesses or injuries? (If so, please state.)

SP5 - PARENT/CARER & YOUNG PERSON CONSENT FORM *page 2*

Communication: via phone, email or social media *(please circle one)*

With the young person & the parent/carer copied in	Via the parent/carer only	Never – in person only
--	---------------------------	------------------------

Use of photographic & recorded images *(please circle all that you give permission for)*

For coaching purposes	For club publicity	For national publicity	Never
-----------------------	--------------------	------------------------	-------

Consent by Parent/Carer

I consider the young person named above to be physically fit and capable of full participation and agree to notify the organisation of any changes to the information provided. Furthermore in the event of an injury I give permission for the organisation to obtain emergency medical treatment.

I give consent for the young person named above to participate in the above-mentioned volleyball event, session or activity and confirm that communication with them and the use of any photographic and recorded images of them may be used under the above-stated rules and conditions.

I confirm that I have legal responsibility for this young person and am entitled to give this consent.

Signed:

Date:

Print Name:

Declaration by Young Person

I give my consent to participate in the above mentioned volleyball event, session or activity and understand that I do so at my own risk and agree to abide by the Volleyball England Player Code of Conduct.

I also consent that I may be communicated with, and that any photographic and recorded images of me may be used, under the above stated rules and conditions.

Signed:

Date:

Print Name:

BLOCK IT OUT!





Anti-Bullying Charter

Bullying of any kind is not acceptable within volleyball and should not be tolerated.






is committed to the following anti-bullying charter to prevent and manage bullying behaviour by aiming to 'Block It Out' altogether.







We will:

-  Respond appropriately and effectively to incidents of bullying.
-  Listen and respond to young people's concerns and take appropriate action.
-  Take parents/carers' concerns seriously and respond effectively.
-  Ensure all staff and volunteers are suitably trained to deal with any incidents.

We aim:

-  To create a positive, participative environment for young people.
-  To encourage safe, accessible and challenging opportunities for young people.
-  To ensure that all young people are able to participate freely in a safe, caring environment.











To achieve this we will:

-  Ensure that a young person-centered environment is created during activities.
-  Emphasise the positive social values of participation, sharing, helping and encouraging.
-  Promote justice and equality in all activities.
-  Establish clear ground rules/boundaries for activities.
-  Ensure that all staff, coaches, volunteers and officials are offered appropriate training on behaviour management and bullying awareness.
-  Work towards continuously improving the quality of activities.

We are committed to taking positive steps to eliminate bullying incidents within activities.

To achieve this we will encourage all participants to behave according to agreed codes of conduct, which will provide a framework of acceptable behaviour.

All participants agree to abide by the following:

-  We will not tolerate bullying or harassment of any kind.
-  We will be accepting of others regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation or social status.
-  We will not ignore an incident of bullying and will take all signs of bullying seriously.
-  We will use a 'time out' if we feel angry or under pressure, or just need time to calm down.
-  We will be kind to others, even if they are not our friends and we will make new participants in our activities feel welcome.
-  We will not join in fights or disturbances.
-  We will report any bullying incident to a member of staff/official immediately.
-  We will not judge others on the way they speak, their social behaviour, appearance or their ability.
-  We will remember that everyone matters, including ourselves.
-  We will encourage all young people to speak and share their concerns.

We will encourage our staff, coaches, volunteers & officials to be vigilant & observant at all times.

If incidents of bullying are witnessed our staff, coaches, volunteers and officials will respond by following the procedures set out in the Volleyball England Safeguarding & Protecting Young People Policy.

4.3 - USEFUL CONTACT DETAILS

Please use the following contact details when reporting or responding to a Safeguarding & Protection incident.

Use the spaces below to complete the details for your local contacts:

NATIONAL CONTACTS

NSPCC – 24hr Helpline	0808 800 5000	www.nspcc.org
Samaritans	08457 909 090 (will hold Children's Social Care contact in an emergency)	www.samaritans.org

VOLLEYBALL ENGLAND SAFEGUARDING CONTACTS

Club Safeguarding Officer	Name: <input type="text"/>	Tel: Mob: <input type="text"/>
	Email: <input type="text"/>	Website: <input type="text"/>
Regional Safeguarding Officer	Name: <input type="text"/>	Tel: Mob: <input type="text"/>
	Email: <input type="text"/>	Website: <input type="text"/>
Lead Safeguarding Officer	Name: Amy Dennis	Tel: Mob: 01509 227722 07850 938309
	Email: safeguarding@volleyballengland.org	Website: www.volleyballengland.org/safeguarding

LOCAL SAFEGUARDING CHILDREN BOARD

Local Children's Social Care Contact	Name: <input type="text"/>	Tel: Mob: <input type="text"/>
	Email: <input type="text"/>	Website: <input type="text"/>
Local NSPCC Contact	Name: <input type="text"/>	Tel: Mob: <input type="text"/>
	Email: <input type="text"/>	Website: <input type="text"/>
Local Police Child Protection Team	Name: <input type="text"/>	Tel: Mob: <input type="text"/>
	Email: <input type="text"/>	Website: <input type="text"/>

HELP, SUPPORT AND ADVICE

Organisation	Contact Details	Website	Further Information
NSPCC – Child Protection in Sport Unit	01162 347 278 cpsu@nspcc.org	www.thecpsu.org.uk	Sport-specific advice on safeguarding & protecting young people
NSPCC – 24 Hour Helpline	0808 800 5000	www.nspcc.org.uk	National Society for the Prevention of Cruelty to Children
Kidscape	020 7730 3300 08451 205 204 (Parents' anti-bullying helpline)	www.kidscape.org.uk	Offers advice, guidance and support on how to deal with bullying
BullyingUK	0808 800 2222	www.bullying.co.uk	Offers advice, guidance and support on how to deal with bullying
Victim Support	0845 303 0900	www.victimsupport.org.uk	Provide emotional support, information and practical advice for victims and witnesses
The British Association of Counseling and Psychotherapy	01455 883 300	www.bacp.co.uk	Provides a list of registered qualified therapists
Disclosure and Barring Service	0870 90 90 811	www.gov.uk/dbs	Advice and guidance on DBS check process and current legislation
Sports Coach UK	0113 274 4802	www.sportscoachuk.org	Provides coach development information including details on safeguarding & protecting young people courses

ADVICE FOR YOUNG PEOPLE

Organisation	Contact Details	Website	Further Information
There4me	0808 800 5000	www.there4me.com	Support and advice for 12-16 year olds from the NSPCC
Childline	0800 1111	www.childline.org.uk	Free helpline for young people
Kidscape		www.kidscape.org.uk/ childrenteens	Provides online advice for young people on bullying
BullyingUK	0808 800 2222	www.bullying.co.uk	Advice and support on bullying

USEFUL ADDRESSES

Volleyball England

SportPark, Loughborough University
3 Oakwood Drive, Loughborough
Leicestershire, LE11 3GE
Tel: 01509 22 77 22
E-mail: info@volleyballengland.org
Website: www.volleyballengland.org

Child Protection in Sport Unit

NSPCC National Training Centre
3 Gilmour Close, Beaumont Leys
Leicester LE4 1 EZ
Tel: 0116 234 7278/7280
E-mail: cpsu@nspcc.org.uk
Website: www.thecpsu.org.uk

NSPCC

42 Curtain Road, London EC2A 3NH
Tel: 020 782 52500 Helpline: 0808 800 5000
Website: www.nspcc.org.uk

Childline UK

Freepost 1111, London. N1 0BR
Tel: 0800 1111
Website: www.childline.org.uk

Disclosure and Barring Service

PO Box 110, Liverpool, L69 3JD
Tel: 0870 90 90 811
Website: www.gov.uk/dbs

Kidscape

2 Grosvenor Gardens, London SW1W 0DH
Tel: 020 7730 3300
Parents' Helpline: 08451 205 204
Website: www.kidscape.org.uk

Sports Coach UK

Chelsea Close, Off Amberley Road,
Armley, Leeds, LS12 4HP
Tel: 0113 274 4802
Website: www.sportscoachuk.org

4.4 - ABBREVIATIONS LIST

SO:	Safeguarding Officer
CSO:	Club Safeguarding Officer
RSO:	Regional Safeguarding Officer
LSO:	Lead Safeguarding Officer
CMT:	Case Management Team
LADO:	Local Authority Designated Officer
LSCB:	Local Safeguarding Children Board
DBS:	Disclosure and Barring
NSPCC:	National Society for the Prevention of Cruelty to Children
CPSU:	Child Protection in Sport Unit
ACPC:	AREA Child Protection Committee
SIRF:	Safeguarding Incident Referral Form
SP1:	Safeguarding & Protection - Application Form
SP2:	Safeguarding & Protection - Self Disclosure Form
SP3:	Safeguarding & Protection - Reference Request Form
SP4:	Photography & Video Recording Registration Form
SP5:	Parent/Carer & Young Person Consent Form