

TTEQMS

IF A CHILD IS IN IMMEDIATE DANGER OR NEEDS URGENT MEDICAL TREATMENT PHONE 999

Name of Child:			
Age and date of birth:	Ethnicity:	Religion:	First Language:
Disability (including details):			
Your Name and Position:			
Your Contact Details:			
Parent/Carers Name and contact details:			
Are you reporting your own concerns or passing on those of somebody else? Give details of individual(s) and their role(s) including a contact number:			
Brief description of what has prompted the concerns – include date, times etc. of any specific incidents:			

Approved by: Head of Operations & Governance Issue: 1 Date: November 2020



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Have you spoken to the child? If so, what was said remember do not lead or make promises you cannot keep? Have you spoken to the parent(s)/carers? If so, give details: Any actions taken?



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Have you consulted anybody else - please give details and a contact number: Police.....Yes/No Details – include date and time, actions taken, advice given: Children's Services.....Yes/No Details – include date and time, actions taken, advice given: Local Authority......Yes/No Details – include date and time, actions taken, advice given:



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Table Tennis England Designated Safeguarding Lead / Deputy Designated Safeguarding LeadYes/No Details – include date and time, actions taken, advice given:
Signed:
(print name)
Date:
Please keep a copy of the form for your records and send a copy to:
Designated Safeguarding Lead / Deputy Designated Safeguarding Lead
Table Tennis England,
National Badminton Centre,
Loughton Lodge,
Bradwell Road,
Milton Keynes.
MK8 9LA
Email: safeguarding@tabletennisengland.co.uk
Telephone: 01908 208860 option 3

Remember always to maintain confidentiality – do not discuss this incident with anyone other than those who need to know.

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