



CHELMSFORD HOCKEY CLUB

JUNIOR SECTION

CHILD PROTECTION INCIDENT DISCLOSURE FORM

Child Name		Date of Birth	
Address			
Date of incident		Time of incident	
Place of incident:			
What the child has said:			
Your own observations:			
Any actions that you have decided to take:			

Print name	
Signature	Date
Other Members / Volunteers present	

Please ensure that this form is completely legible, signed and dated.
Copy to manager, senior coach, club child welfare officer.