

9 ECB Welfare Incident Form

Name of Child	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Age and Date of Birth	
Parents/Carer's name/s	
Home Address	
Ethnicity A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (please specify):	
B Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (please specify):	
C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify):	
D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please specify):	
E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify):	
Your Name	
Your Position	
Date and Time of incident	
Are you reporting your own concerns or responding to the concerns raised by someone else? Reporting my own concerns <input type="checkbox"/> Responding to the concerns raised by someone else <input type="checkbox"/> If responding to concerns raised by someone else please provide their name and position within the Club	

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Please provide details of the incident or concerns you have, including dates, time, venue.			
Please detail exactly what was said, if your concerns are the result of a child speaking to you, including date, time and venue			
Have you spoken to the Parents? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details of what was said			
Have you spoken to the child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details of what was said			
Have you spoken to the person the allegations are being made against? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details of what was said			
Please provide details of further action taken to date			
Have you informed the statutory authorities? Social Services Yes <input type="checkbox"/> No <input type="checkbox"/> Police Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide the name of the person and his/her contact number			
Your Signature			
Date		Time	

Please return to the ECB Welfare Case Officer,
Lord's Cricket Ground, London NW8 8QZ