



OutdoorLads

Safeguarding Appendix 1 Incident Report Form



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Version - 1
Date 12/10/2021

1. Introduction

OutdoorLads is committed to creating and maintaining a safe and positive environment and accepts its responsibility to safeguard the welfare of adults involved in Hill walking, Mountaineering, Camping, Hostelling, Climbing, Biking and our other outdoor pursuit activity in accordance with the Care Act 2014. The Care Act is mainly about people who are over 18 in need of care and support, usually from their Local Authority.

OutdoorLads Safeguarding Adults at Risk Policy & Procedures apply to all individuals involved in OutdoorLads activities.

This Incident Report should be filled in and emailed to OutdoorLads support@outdoorlads.com and copied to fergus.brunning@outdoorlads.com. Alternatively, visit the website and fill in the Safeguarding Incident Form in the drop down.

2. Incident Form

ODL ADULT SAFEGUARDING: INCIDENT FORM

For detailed questions, use a separate sheet if necessary

INCIDENT DETAILS	
Details where incident took place (Event Name, exact location of incident)	
Date of incident	
Person/Volunteer in charge	
YOUR DETAILS	
Name	
Your position	
Phone	
ADULT'S DETAILS	
Name	
Address (inc. post code)	
Phone	
Date of Birth	
RELATIVE/ CARER/GUARDIAN DETAILS	
Name(s)	
Address (inc. post code)	
Phone (if different to above)	
WITNESS DETAILS	
Name (1)	
Address (inc. post code)	
Phone	
Name (2)	
Address (inc. post code)	
Phone	

3.

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INCIDENT DETAILS	
Date and time of incident	
Your observations, i.e. what is the nature of the concern (including dates, times and any special factors or other relevant information). Make clear distinction between what is fact, opinion or hearsay. Describe anything visible, e.g. bruising or other injuries, behavioural signs or indirect signs. Use additional sheets.	
The adult at risk's account, if it can be given, of what has happened and how any bruising or other injuries occurred (remember, do not lead the person – record actual details). Use additional sheets if necessary.	
Actions taken so far (including whether anyone else has been contacted and if so who?)	
Has anyone been alleged to be involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes give name:	
OTHER PROFESSIONALS CONTACTED	
Have any external agencies been contacted (i.e. Police, Social Services, Adult Social Care, ODL, etc). If yes, please provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which?	
Officer name or Reference Number	
Details of advice received	
Social Services / Adult Social Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which?	
Name and contact number	
Details of advice received	
ODL Regional Coordinator or Trustee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	

Details of advice received	
Other?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which?	
Name and contact number	
Details of advice received	
ANY FURTHER DETAILS	

YOUR SIGNATURE	
Signed	
Print name	
Date	

REMEMBER to maintain confidentiality on a *need to know* basis – only if it will protect the adult at risk. Do not discuss this incident with anyone other than those who need to know.

A copy of this form should be sent to Support@outdoorlads.com

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