



## Welwyn Wheelers Safeguarding Report Form

Please complete as much as you are able then return asap to  
Juliette Barker, Welwyn Wheelers Welfare Officer, 07801 062913, [welfare1@welwynwheelers.org.uk](mailto:welfare1@welwynwheelers.org.uk)

**If you believe that someone is immediate danger, please call 999.**

Club:	Date:
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Your Name:	Your Role:
Address:	
Email:	Tel No:

Name of Child/Adult at Risk:	
Date of Birth:	BC Membership No:
Address:	
Parent/Carers Aware of Concern: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If NO, please state why:	
Parents/Carers Names:	Parents/Carers Address:
Email:	Tel No:
Any known siblings? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please provide details:	

<b>Details of the concern:</b> (include: date; time; location; and nature of the incident/ concern)			
<b>Additional information:</b> (include: witnesses; corroborative statements; record anything said by those involved etc)			
<b>Action taken:</b> (include: who has been informed of the incident/ concern; has contact been made with the Police, Social Care, British Cycling and/or any other relevant organisation)			
<b>If an incident identifies a person of concern please provide any known details below:</b>			
Name:	Role:		
BC Membership No:	Address:		
Club:			
Email:	Tel No:		
Is the person aware that there is a concern? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, what was their response?			
<b>Please provide contact details for any <b>Relevant Others</b></b> (include: witnesses; event officials, police attending; social care etc) <i>Please indicate if any <b>Relevant Other</b> is U18 and provide contact details for parents.</i>			
Name:	Contact Details:		
Role:			
U18: YES <input type="checkbox"/> NO <input type="checkbox"/>			

Name:  Role:  U18:      YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact Details:
Name:  Role:  U18:      YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact Details:
Name:  Role:  U18:      YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact Details:
Name:  Role:  U18:      YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact Details:

Signed:	Date:
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### Privacy Notice

The information provided on this form will be used to safeguard children and individuals at risk in line with **Schedule 1 Part 2 Paragraph 18** of the **Data Protection Act 2018**. This information may be shared with British Cycling Compliance Department, regional bodies, individuals who are subject of an investigation and/or statutory agencies, where there is a clear need to do so.

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