



# GATEWAY TEAM REPORT FORM



## Gateway Team Report Form

<b>Club/Organisation</b>	(Insert Club/Organisation Name)
<b>Your name:</b>	
<b>Your position:</b>	
<b>Child's Name:</b>	
<b>Child's address:</b>	
<b>Parents/carers Names and Address:</b>	
<b>Child's date of birth:</b>	
<b>Date and time of any incident:</b>	
<b>Your observations:</b>	
<b>Exactly what the child said and what you said:  (Remember; do not lead the child – record actual details. Continue on separate sheet if necessary)</b>	
<b>Action taken so far:</b>	

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Designated Liaison Person informed:    yes     No

### External agencies contacted (date and time):

**Police**

Yes

No

If yes, which:

Name and contact number:

Details of advice received:

**Social Services**

Yes

No

If yes, which:

Name and contact number:

Details of advice received:

**Sport Governing Body**

Yes

No

Name and contact number:

Details of advice received:

**Local Council or Education  
Department**

Yes

No

If yes, which:

Name and contact number:

Details of advice received:

**Other (e.g., NSPCC)**

Which:

Name and contact number:

Details of advice received:

**Signature:**

**Date:**

Remember to maintain confidentiality on a need-to-know basis – only if it will protect the child.  
Do not discuss this incident with anyone other than those who need to know.

NB. A copy of this form should be sent to social services after the telephone report and to the  
National Designated Liaison Person.