SAFEGUARDING PROCEDURE

OUR SAFEGUARDING OFFICERS

We have a dedicated Lead Safeguarding Officer at BWB to help respond to safeguarding concerns which arise. Our Lead Safeguarding Officer's contact details are:

Name: Samantha Lue Email: <u>safeguarding@britishwheelchairbasketball.co.uk</u> Phone number: 01509 279900

If you have a Safeguarding concern you can also contact:

Name: Jo Richards Role: Senior Safeguarding Lead/Development Director Email: <u>safeguarding@britishwheelchairbasketball.co.uk</u> Phone number: 01509 279900

Name: Jay Popat Role: Deputy Safeguarding Officer/Engagement Manager Email: <u>safeguarding@britishwheelchairbasketball.co.uk</u> Phone number: 01509 279900

Name: Simon Fisher Role: Deputy Safeguarding Officer/Academy Lead Email: <u>safeguarding@britishwheelchairbasketball.co.uk</u> Phone number: 0114 2448040

Safeguarding concerns can be disclosed to any member of BWB staff.

SAFEGUARDING PROCEDURES

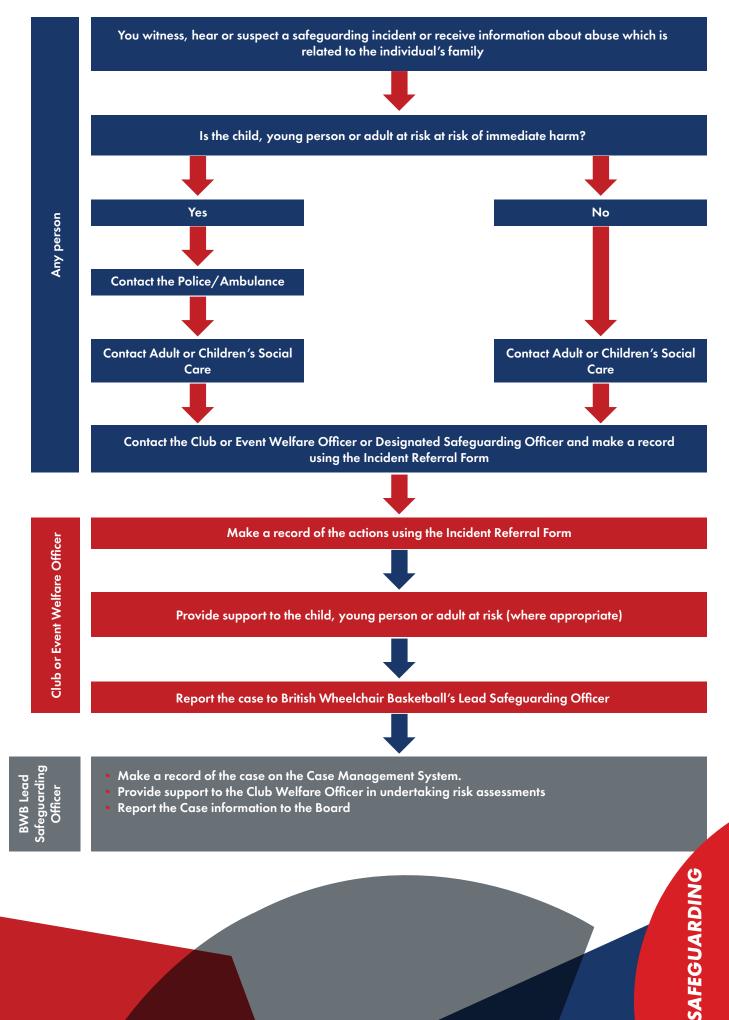
There are three processes for responding to a concern about abuse or neglect:

- 1. Concerns about abuse in or outside of the family setting.
- 2. Concerns about abuse or poor practice from BWB staff.
- 3. Concerns about abuse or poor practice from an individual in wheelchair basketball but not employed by us (e.g. club coach, committee member, official or volunteer).

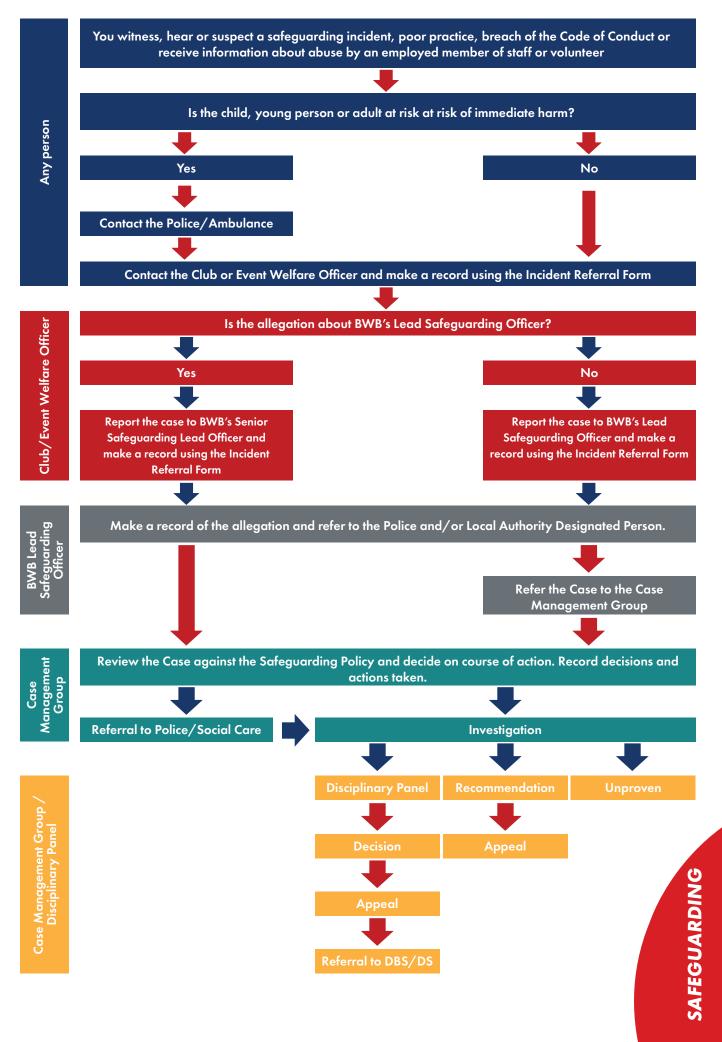
Each process has its own simple flowchart for you to follow, however, if at any time you are unsure on what process to follow, please contact our Lead Safeguarding Officer.

BWB reserves the right to engage a support body in the Triage, Investigation, Hearing, Appeal and Case Management of any BWB Safeguarding/Disciplinary Case. All Case data will be shared with the supporting body for the purposes of case resolution only.

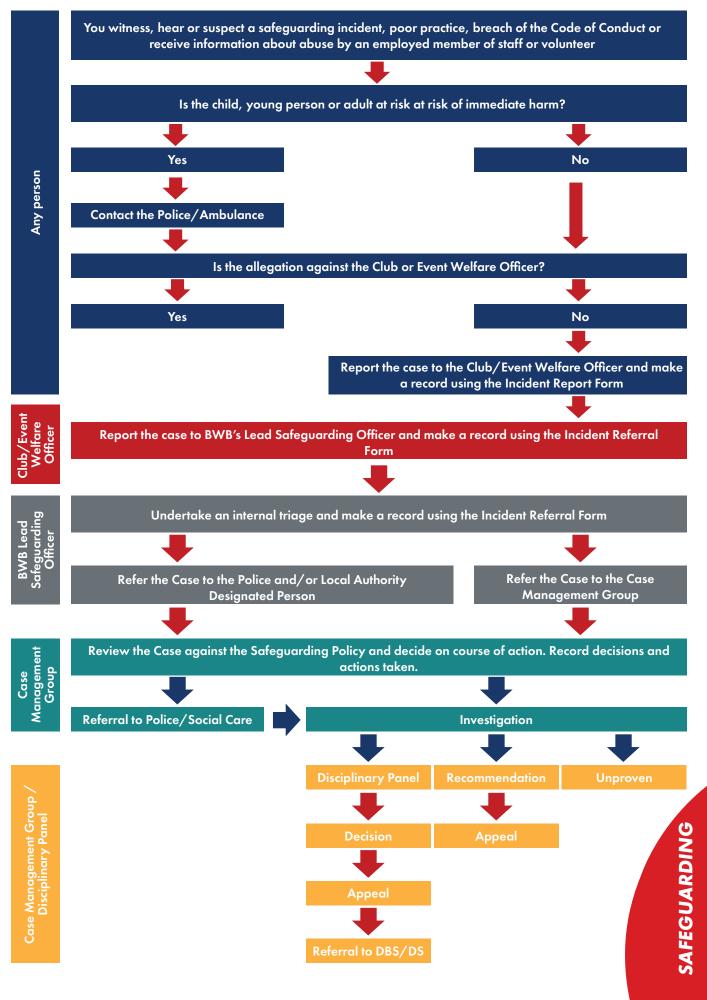
CONCERNS ABOUT ABUSE (IN OR OUTSIDE OF THE FAMILY SETTING)



CONCERNS ABOUT ABUSE OR POOR PRACTICE FROM BWB STAFF



CONCERN ABOUT THE ABUSE OR POOR PRACTICE FROM AN INDIVIDUAL IN WHEELCHAIR BASKETBALL BUT NOT EMPLOYED BY US (E.G. A CLUB COACH, COMMITTEE MEMBER, OFFICIAL OR VOLUNTEER)



APPENDICES

Appendix 1: Incident referral form

APPENDIX 1: TEMPLATE INCIDENT REFERRAL FORM

Person reporting the incident			
Name:			
Home Address:			
Club:			
Contact number:			
Person affected/injured			
Name:			
Home Address:			
Date of birth:			
Gender:			
Contact number:			
Club:			
Parent/carers information			
Name:			
Home Address:			
Contact number:			
Email address:			
Have parents/carers been notified of this incident?			
Yes No			
If YES please provide details of what was said/action agreed:			
Are you reporting your own concerns or responding to concerns ra	ised by someone else?		
Reporting my own concerns			
Reporting concerns raised by someone else			
If reporting concerns raised by some else, please provide further information below:			
Name:			
Position within the sport or relationship to child or adult at risk:			
Contact number:			
Email address:			
Accident/Incident			
Date:	Time:		
Place:			
	<u>ප</u>		
	DING		
	<u> </u>		

SAFEGUARDING

Details c	f the	inciden	t or co	oncerns:
-----------	-------	---------	---------	----------

Action taken:

Has the incident been reported to any external agencies?

Email address:

Yes No

If yes please provide further details:

Name of organisation or agency:

Contact person:

Contact number:

Email:

Agreed action or advice given:

Please provide details of any witnesses to the incident:

Name:

Position within the club or relationship to the child or adult at risk:

Date of birth (if child):

Address:

Contact number:

Email address:

Please provide details of any person involved in this incident or alleged to have caused the incident

Name:

Position within the club or relationship to the child or adult at risk:

Date of	birth	(if ch	ild):
---------	-------	--------	-------

Address:

Contact number:	
Email address:	
Signed:	Date:
Print Name:	

Contact the Lead Safeguarding Officer in line with BWB's reporting procedures.