



SCOTTISH YOUTH FOOTBALL ASSOCIATION  
HAMPDEN PARK GLASGOW G42 9BF  
TEL: 0141 620 4590 FAX: 0141 620 4591  
SUPPORTED BY DUNFERMLINE BUILDING SOCIETY

**THE SCOTTISH YOUTH FOOTBALL ASSOCIATION  
PLAYER PROTECTION INCIDENT RECORD FORM**

This form must be completed as soon as possible after receiving information that may suggest that a player is at risk or there are concerns regarding possible abuse of a player.

1. Details of person making report

Name	
Position	
Contact telephone No.	
Address	
Postcode	

2. Details of player

Name	
Club Name and Age Group	
Date of birth (if known)	
Address	
Postcode	
Name of parent / guardian or carers	
Address of parent / guardian or carers (if different)	

3. Details of person about whom there is concern

Name	
Position	



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Date of Birth	
Address	
Postcode	

4. If you are reporting this alleged incident on behalf of someone else, please provide details of that person

Name	
Position	
Contact telephone No.	
Address	
Postcode	
Date person reported alleged incident	
Any other information that was supplied from this person about the alleged incident (Continue on separate sheet if required)	

5. Details of the alleged incident

Date of alleged incident	
Time	



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Place	
Nature of the alleged incident	
Name and address of any further witness	
Continue on a separate piece of paper if required	
Any observations (Continue on separate sheet if required)	
Was the player asked what happened      YES    NO	
If YES, record all questions asked and the player's response using his/her own words. (Continue on separate sheet if required)	



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6. Details of contact with parents / guardians / carers.  
Note advice must be sought from the police.

Have the parents / guardians / carers been advised	YES	NO
If YES, by whom		

7. Details of action taken

Detail what action, if any, has been taken, by you, following receipt of this information. (Continue on separate sheet if required)	

8. Details of external agencies contacted

Police

Police station contacted	
Police officer and badge No.	
Contact telephone No.	
Advice received	



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9. Other information

Record any other information you have about this matter. (Continue on separate sheet if required)	

Signature

Print Name

Date