

Child Protection & Safeguarding Procedure

Introduction

Everyone who participates at Queen's Park Bangladesh Association (QPBA) is entitled to do so in an enjoyable and safe environment. QPBA have a moral and legal obligation to ensure that, when given responsibility for Children and Young People we provide them with the highest possible standard of care.

QPBA is committed to devising and implementing policies so that everyone accepts their responsibilities to safeguard children from harm and abuse. This means following procedures to protect children and young people and report any concerns about their welfare to appropriate authorities.

The aim of the policy is to promote good practice, providing children and young people with appropriate safety/protection whilst in the care of QPBA and to allow staff and volunteers to make informed and confident responses to specific child protection issues.

QPBA sets clear expectations about what behaviour is acceptable from staff, volunteers and this can be found separately on QPBA Code of Conduct policy or staff handbook.

A child/young person is defined as a person under the age of 18 (Children's Act 1989 & 2004, Working together To Safeguard Children 2018)

Policy Statement

QPBA is committed to the following:

- The welfare of the child/ young person is paramount.
- All children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity should be able to participate in activities in a fun and safe environment.
- Taking all reasonable steps to protect children from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings.
- All suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately.
- All QPBA managed employees who work with children and young people will be recruited with regard to their suitability for that responsibility, and will be provided with guidance and/or training in good practice and child protection procedures.
- Working in partnership with parents and children is essential for the protection of children and young people.

Monitor and review the policy and procedures

The implementation of procedures should be regularly monitored and reviewed. The senior designated person should regularly report progress, challenges, difficulties, achievements, gaps and areas where changes are required to the management committee.

The policy should be reviewed annually or whenever there is a major change in the organisation or in relevant legislation. Management Committees will scrutinise policies and procedures and ask relevant questions to make sure organisation is following best practice.

Management Committee will take steps to protect everyone who comes into contact with the organisation from harm. They will provide staff in these roles with support and positive challenge. Committees to check that everyone in the organisation are receiving safeguarding and child protection training that's appropriate to their role.

If an incident occurs, the Management Committees will make sure the charity responds appropriately. This includes:

- checking safeguarding and child protection procedures are being followed
- acting as a 'critical friend' to review what happened and improve policies and procedures for the future
- reporting the incident to the necessary bodies and agencies.

Promoting Good Practice

Introduction

It is not always easy to distinguish poor practice from abuse. It is therefore **NOT** the responsibility of employees or participants to make judgements about whether or not abuse is taking place. It IS however their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child/young person, as explained in section 4.

This section will help you identify what is meant by good practice and poor practice.

Good Practice

All personnel should adhere to the following principles and action:

- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Make the experience fun and enjoyable: promote fairness, confront and deal with bullying.
- Treat all young people equally and with respect and dignity.
- Always put the welfare of the young person first.

- Maintain a safe and appropriate distance with children/ young people (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
- Avoid unnecessary physical contact with children / young people. Where any form of manual/physical support is required it should be provided openly and with the consent of the young person. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the young person's consent has been given.
- Involve parents/ carers wherever possible, e.g. where children/young people need to be supervised in changing rooms, encourage parents to take responsibility for their own child. If groups have to be supervised in changing rooms always ensure parents, staff etc, to work in pairs.
- Gain written parental consent for any significant travel arrangements e.g. overnight stays.
- Ensure that if mixed groups are taken away, they should always be accompanied by a male and female member of staff.
- Ensure that at away events adults should not enter a young person's room or invite young people to their rooms.
- Be an excellent role model, this includes not smoking or drinking alcohol in the company of young people.
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of the young person and do not risk sacrificing welfare in a desire for club or personal achievements.
- Secure written parental consent to act in loco parentis, to give permission for the administration of emergency first aid or other medical treatment if the need arises.
- Keep a written record of any injury that occurs, along with details of any treatment given.

Poor Practice

The following are regarded as poor practice and should be avoided by all personnel:

- Unnecessarily spending excessive amounts of time alone with young people away from others.
- Taking young people alone in a car on journeys, however short.

- Taking young people to your home where they will be alone with you.
- Sharing a room with a young person.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allow or engage in inappropriate touching of any form.
- Allowing young people to use inappropriate language unchallenged.
- Making sexually suggestive comments to a child/young person.
- Reducing a young person to tears as a form of control.
- Allow allegations made by a young person to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature that the young person can do for themselves.
- When a case arises where it is impractical/ impossible to avoid certain situation e.g. transporting a child /young person in your car, the tasks should only be carried out with the full understanding and consent of the parent/care and the child/young person involved.
- If during your care you accidentally hurt a child/young person, the child /young person seems distressed in any manner, appears to be sexually aroused by your actions and/or if the young person misunderstands or misinterprets something you have done, report any such incidents as soon as possible to another colleague and make a written note of it. Parents should also be informed of the incident.

Defining Child Abuse

Introduction

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability.

There are four main types of abuse: Physical abuse, Sexual abuse, Emotional Abuse and Neglect, Female genital mutilation (FGM). The abuser may be a family member, someone the child /young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a child /young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

Abuse in all of its forms can affect a child/young person at any age. The effects can be so damaging that if not treated may follow the individual into adulthood.

Children / Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

Types of Abuse

Physical Abuse: where adults physically hurt or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, and drowning. Giving young people alcohol or inappropriate drugs would also constitute child abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms or illness deliberately causes ill health in a young person they are looking after. This is called Munchauser's syndrome by proxy.

Emotional Abuse: The persistent emotional ill treatment of a child/young person, likely to cause severe and lasting adverse effects on the child/young person's emotional development. It may involve telling a child/young person they are useless, worthless, unloved, and inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of child /young people that are not appropriate to their age or development. It may cause a child /young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn.

Ill treatment of children/ young people, whatever form it takes, will always feature a degree of emotional abuse.

Emotional abuse may occur when the child/ young person is constantly criticised, given negative feedback, expected to perform at levels that are above their capability. Other forms of emotional abuse could take the form of name calling and bullying.

Bullying: May come from another child/ young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are three main types of bullying.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating form the group), or sexual (e.g. unwanted physical contact or abusive comments).

Neglect: Occurs when an adult fails to meet the child/ young person's basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment.

Refusal to give love, affection and attention can also be a form of neglect.

Neglect could occur when a professional does not keep the child/young person safe. or exposing them to undue cold/heat or unnecessary risk of injury.

Sexual Abuse occurs when adults (male and female) use children / young people to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing children/young people pornography or talking to them in a sexually explicit manner are also forms of sexual abuse.

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained. FGM is child abuse and is illegal in the UK. long-lasting health problems that continue throughout a child's life.

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm. Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Indicators of Abuse

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which an explanation seems inconsistent.
- The child/young person describes what appears to be an abusive act involving them.
- Another young person or adult expresses concern about the welfare of a child/ young person.
- Unexplained changes in a young person's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper.

- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- Distrust of adult's, particularly those whom a close relationship would normally be expected.
- Difficulty in making friends.
- Being prevented from socialising with others.
- Displaying variations in eating patterns including over eating or loss of appetite.
- Losing weight for no apparent reason.
- Becoming increasingly dirty or unkempt.
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)

Signs of bullying include:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down.
- An unexplained drop in engagement.
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes.
- A shortage of money or frequents loss of possessions.
- It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working for QPBA to decide that child abuse is occurring. It **IS** their responsibility to act on any concerns.

Use of Photographic/Filming Equipment

There is evidence that some people have used sporting events as an opportunity to take inappropriate photographs or film footage of young people. All staff should be vigilant and any concerns should be reported to the safeguarding officer.

QPBA uses a membership form to capture information such as medical needs and consent for taking photos to ensure there is clear rationale for this. Anonymised data for children & young people may also be used for monitoring purposes based on funders' requirements.

Supervision ratios

We recommend at least two adults present when working with or supervising children and young people to help keep children safe.

The following adult to child ratios as the minimum numbers to help keep children safe:

9 - 12 years - one adult to eight children

13 - 18 years - one adult to ten children

There may be some situations where we work alone with children and young people unexpectedly. If this happens, there are things we do to keep this as safe as possible.

- Make sure other people can see and hear what we are doing in the activity.
- Tell manager or supervisor and nominated child protection lead.
- inform another adult about alone working.
- Make record as soon as possible afterwards of why it was alone working and what happened.

Responding to Suspicions and Allegations

Introduction

It is not the responsibility of anyone working in QPBA in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies **BOTH** to allegations/suspicions of abuse occurring within QPBA and to allegations/suspicions that abuse is taking place elsewhere.

This section explains how to respond to allegations/suspicions.

Receiving Evidence of Possible Abuse

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it happening because of signs such as those listed in section 3 of this document, it may be reported to us by someone else or directly by the young person affected.

In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- Stay calm so as not to frighten the child/ young person.
- Reassure the child/ young person that they are not to blame and that it was right to tell.
- **Listen** to the child/ young person showing that you are taking them seriously.
- **Keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- Safety of the child is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue.
- Record all information (appendix 1 & 2).
- **Report** the incident to the Designated Safeguarding officer.

In all cases if you are not sure what to do you can gain help from: LOCAL SAFEGUARDING BOARD WESTMINSTER (TRI-BOROUGH)

To report a concern about a child or young person in Westminster please contact:

Westminster Access Team - Tel: 020 7641 4000

(Out of hours – 020 7641 6000)

Email: AccesstoChildrensServices@westminster.gov.uk

For case consultations or follow-up enquiries please contact the Duty Child Protection Adviser in the first instance on 020 7641 7668.

Leonie Bingham

Child Protection Adviser

Telephone: 020 7641 4199 Email: lbingham@westminster.gov.uk

John Griffin

Child Protection Adviser

Telephone: 020 7641 1615 Email: jgriffin@westminster.gov.uk

Gabby Bernard

Child Protection Adviser

Telephone: 020 7641 3195 Email: gbernard@westminster.gov.uk

Cathy Smith (Tues, Wed only)

Child Protection Adviser

Telephone: 020 7641 7675 Email: cjsmith@westminster.gov.uk

*Specialism: Child Sexual Exploitation

For LADO consultations and referrals please contact the duty Child Protection Adviser on:

Telephone: 020 7641 7668

Email: LADO@westminster.gov.uk

If you cannot reach a duty CP Adviser you can reach:

Kembra Healy

Safer Organisation Manager and Local Authority Designated Officer (LADO)

Telephone: 07823 532 538 Email: kembra.healy@rbkc.gov.uk

Safeguarding and Child Protection Training, Consultation and Advice for Schools and Education:

Hilary Shaw

Safeguarding and Child Protection Schools and Education Officer

Telephone: 020 7598 4876

Mobile: 07817 365 519 Email: hilary.shaw@rbkc.gov.uk

Marissa Asli

Safeguarding and Education – Liaison and Training Co-ordinator

Telephone: 020 7598 4886 Mobile: 07739 315 432

Email: marissa.aslibangura@rbkc.gov.uk

Tri-borough Private Fostering

Janet Lewandowski

Tri-borough Senior Practitioner, Private Fostering Adviser

Telephone: 020 7641 7564 Email: jlewandowski@westminster.gov.uk

Tri-borough FGM

Gourita Gibbs

Child Protection Adviser

Telephone: 020 7641 1610 Email: ggibbs@westminster.gov.uk

*Specialism: Tri-borough Lead for Safeguarding Across Faith and Culture and FGM

PREVENT

Mark Chalmers

Prevent Programme Manager, Westminster enquiries only

Telephone: 020 7641 6032 Email: mchalmers@westminster.gov.uk

Tri-borough Multi-Agency Safeguarding Hub (MASH)

Karen Duncan

Tri-borough MASH Business Support Officer

Telephone: 020 7641 3991 Email: kduncan1@westminster.gov.uk

NSPCC

Helpline: 0808 800 5000 Email: help@nspcc.org.uk

If under 18: Childline 0800 1111

Police Non-emergency on 101 In an emergency call the police on 999

Recording Information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Information should include the following:

- The child's name, age and date of birth.
- The child's home address and telephone number.
- Whether or not the person making the report is expressing their concern or someone else's.
- The nature of the allegation, including dates, times and any other relevant information.
- A description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The child's account, if it can be given, of what has happened and how any bruising/injuries occurred.
- Have the parents been contacted? If so what has been said?
- Has anyone else been consulted? If so record details.
- Has anyone been alleged to be the abuser? Record detail.

Reporting the Concern

All suspicions and allegations MUST be reported appropriately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

QPBA expects its members and staff to discuss any concerns they may have about the welfare of a child immediately with the person in charge and subsequently to check that appropriate action has been taken.

Nominated Safeguarding Officer (level 3):

Md Mukabbir Hussain Topu

Telephone: 02036094691 Email: info@queensparkba.org ref:safeguarding

Deputy Safeguarding Officer:

Hussan Mujtaba

Telephone: 02036094691 Email: info@queensparkba.org ref:safeguarding

Management Committee Lead:

Bulbul Ahmed & Moinul Moin

Email: chair@queensparkba.org & official@queensparkba.org

If the nominated safeguarding officer is not available you should take responsibility and seek advice from: LOCAL SAFEGUARDING BOARD WESTMINSTER (TRI-BOROUGH) PROVIDED ABOVE.

Where there is a complaint against an employee or volunteer, there may be three types of investigation:

- Criminal in which case the police are immediately involved.
- Child protection in which case the social services (and possibly) the police will be involved.
- Disciplinary or misconduct.

As mentioned previously in this document QPBA are not child protection / safeguarding experts and it is not their responsibility to determine whether or not abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection / safeguarding.

Social services have a legal responsibility under The Children Act 1989 & 2004, Working together To Safeguard Children 2018 to investigate all child protection referrals by talking to the child and family (where appropriate), gathering information from other people who know the child and making inquiries jointly with the police.

NB: If there is any doubt, you must report the incident: it may be just one of a series of other incidences which together cause concern

Any suspicion that a child/ young person has been abused by an employee or a volunteer should be reported to QPBA' designated safeguarding officer who will take appropriate steps to ensure the safety of the child in question and any other child who may be at risk is safeguarded. This will include the following:

- QPBA will refer the matter to social services (Local Safeguarding Board).
- The parent/carer of the child/young person will be contacted as soon as possible following advice from the Local Safeguarding Board.
- The Coordinator should decide who will deal with any media inquiries and implement any immediate disciplinary proceedings.
- If the Designated Safeguarding officer is the subject of the suspicion/allegation the report must be made to the Coordinator who will refer the matter to the Local Safeguarding Board.

Allegations of abuse are sometimes made sometime after the event. Where such allegation is made, you should follow the same procedures and have the matter reported to social services. Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children.

4.5 Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The QPBA Designated Safeguarding Officer and Coordinator.
- The parents of the child.
- The person making the allegation.
- Local Safeguarding Board / police.
- The alleged abuser (and parents if the alleged abuser is a child).

Seek Local Safeguarding Board advice on who should approach the alleged abuser.

All information should be stored in a secure place with limited access to designated people, in line with data protection laws and best practice.

4.6 **Internal Inquiries and Suspension**

QPBA will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.

Irrespective of the findings of the Local Safeguarding Board or police inquiries QPBA will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases QPBA must reach a decision based upon the available information which could suggest that on the balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

Recruiting and Selecting Personnel with Children

Introduction

It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part time. To ensure unsuitable people are prevented from working with children the following steps should be taken when recruiting. QPBA has a its own Safer Recruitment policy is in place.

Controlling Access to Children and Young People

All staff and volunteers should complete an application form. The application form will elicit information about the applicants past and a self-disclosure about any criminal record.

Consent should be obtained from the applicant to seek information from the Disclosure and Barring Service (DBS).

Two confidential references, including one regarding previous work with children should be obtained. These references **MUST** be taken up and confirmed through telephone contact.

Evidence of identity (passport or driving licence with photo).

Interview and Induction

All employees and volunteers will be required to undertake an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction during which:

- A check should be made that the application form has been completed in full, including sections on criminal records and self disclosures.
- Their qualifications should be substantiated.
- The job requirements and responsibilities should be clarified.
- They should sign up to the organization's Code of Ethics and Conduct
- Child Protection Procedures are explained and training needs identified e.g. basic child protection awareness.

Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice is likely to protect them from false allegations.
- Recognise their responsibilities and report any concerns about suspected poor practice and/or abuse.
- Respond to concerns expressed by a child.
- Work safely and effectively with children.

QPBA requires:

- All staff and volunteers who have access to children to undergo a DBS check.
- All employees and volunteers undertake relevant child protection training or undertake a form of home study, to ensure their practice is exemplary and to facilitate the development of positive culture towards good practice and child

protection. All staff, volunteer who are involved on project & Executive Management Committee to have minimum of Level 1 at Safeguarding training with refresher every 2 to 3 years. Those who work regularly with CYP need Level 2 and Designated Lead to have Level 3 with training updated every 2

- All staff and volunteers to receive advisory information outlining good/bad practice and informing them what to do if they have concerns about the behaviour of an adult towards a child /young person.
- All staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Declaration

On behalf of QPBA the undersigned will oversee the implementation of the Child Protection Policy and take all necessary steps to ensure it is adhered to.

The policy was updated and approved by the board

Date approved: 21st January 2025

Next review: January 2026

This policy should be reviewed annually.

Safeguarding Incident Reporting Form

Name of organisation:
Your name:
Tourname.
Your position:
Your contact information:
Address:
Telephone number:
Email address:
Child's name:
Child's date of birth:
Child's gender:
☐ Male
☐ Female
Child's ethnic origin:
Parent's / carer's name(s):

Parent's / carer's contact information:
Address:
Telephone number:
Telephone namber.
Email address:
Have parent's / carer's been notified of this incident?
•
□ Yes
□ No
If YES please provide details of what was said:
Are you reporting your own concerns or responding to concerns raised by someone
else:
☐ Responding to my own concerns
☐ Responding to concerns raised by someone else
— · · · · · · · · · · · · · · · · · · ·
If responding to concerns raised by someone else: Please provide further information.
Name:
Position within the club or relationship to the child:
Tolophono numbers:
Telephone numbers:
Email address:
Date and times of incident:

Details of the incident or concerns: Include other relevant information, such as
description of any injuries and whether you are recording this incident as fact, opinion
or hearsay.
Child's account of the incident:
Please provide details of any witnesses to the incident:
Name:
Position within the Organisation or relationship to the child:
Date of birth (if child):
Address:
Please provide details of any person involved in this incident or alleged to have
caused the incident / injury:
Name:
TVallic.
Position within the Organisation or relationship to the child:
Date of birth (if child):
Address:
Please provide details of action taken to date:

s the incident been reported to any ext Yes No	ternal agencies?
Yes	ternal agencies?
No	
/ES please provide further details:	
me of organisation / agency:	
ntact person:	
lephone numbers:	
nail address:	
reed action or advice given:	
our Signature:	Print name:
signation:	Date:

Contact your organisation's Designated Safeguarding Officer in line with Queens Park Bangladesh Association reporting procedures.