**Appendix 1 Incident Reporting Form - CH/FC/IR**

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| Children’s Social Care Service: incident reporting form for foster carers, befrienders, sitters and mentors |

Please refer to the guidance for foster carers on personal safety and incident reporting regarding the use of this form.

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| Name of carer |  |
| Name/Initials of child  |  |
| Date of incident |  |
| Time of incident |  |
| Place of incident |  |

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| Description of incident(E.g. what was the context and what were the triggers: what happened?) |
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| Describe any injuries the child has sustained and what medical attention or advice was sought.  |
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| Describe any injuries you or others may have sustained and what medical attention or advice was sought.  |
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| Describe any use of restraint. Include measures taken to avoid or minimise the use of restraint and alternative actions considered that could have been taken.  |
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| Who else witnessed the incident? |  |
| Date and time of reporting to your Supervising Social Worker or representative in their absence.  |  |
| Date and time of reporting to the child’s Social Worker or representative in their absence.  |  |

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| Any other actions |
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| Name of carer |  |
| Signature of carer |  |
| Name of supervising social worker |  |
| Locality team |  |