



# KWAZULU-NATAL GYMNASTICS UNION

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[www.kzngymnastics.org.za](http://www.kzngymnastics.org.za)

[admin@kzngymnastics.org.za](mailto:admin@kzngymnastics.org.za)

Date : 07 /04 / 2020  
Email to : Clubs , Schools and KZNGU Exco Members  
From : KZNGU office

## CIRCULAR 9 / 2020 – KZNGU Safeguarding Incident Recording Form

Safeguarding dedicated e mail address = [safe@kzngymnastics.org.za](mailto:safe@kzngymnastics.org.za)

If an incident or concern is immediate and there is a risk of significant harm to a child or an adult such that they are in need of protection, then call your local SAPS and/or Social Services.  
Once the matter has been referred then complete this form and submit to KZN Gymnastics Union .

This form should be used by club or event officials to record the details of any concerns raised. A copy must be sent to [safe@kzngymnastics.org.za](mailto:safe@kzngymnastics.org.za) . All information will be kept confidential and may only be shared with those who need or are legally required to know. The form should be completed for all levels of concern, even where no immediate action may be necessary.

### DETAILS OF PERSON COMPLETING THE FORM

Name: \_\_\_\_\_  
Club Name: \_\_\_\_\_  
Position Held: (Safeguarding Officer/Coach, etc.) \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_  
Name/details of person who raised concern (if different from above): \_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF PERSON INITIALLY MADE AWARE OF INCIDENT/CONCERN:

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Club Name: \_\_\_\_\_  
Relationship to alleged victim: \_\_\_\_\_

**DETAILS OF ALLEGED VICTIM** (if more than one, continue on a separate sheet)

Name: \_\_\_\_\_  
Club Name: \_\_\_\_\_ Discipline \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age at time of incident (s) \_\_\_\_\_  
Parent/Carer details: (incl. name and address) \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Email/Contact Number \_\_\_\_\_  
Any identified special needs or disability? \_\_\_\_\_

**DETAILS OF INCIDENT**

Date(s) of incident(s): \_\_\_\_\_

Description of the incident(s) (please include as much detail as possible. If a child or vulnerable adult talked to you, write down the exact details of the conversation – remember not to lead them. Please include any other information including location, number of incidents, any witness’ details etc. - please continue on a separate sheet of paper if necessary)

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Any actions taken?

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Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number:

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**Children/Adult Social Services**

Name of contact: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Email: \_\_\_\_\_

Action they are taking/details of advice: \_\_\_\_\_

**South African Police Service (SAPS)**

Name of contact: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Email: \_\_\_\_\_

Action they are taking/details of advice:

\_\_\_\_\_

**Any relevant additional information**

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_