



British Handball Safeguarding Forms & Templates

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Template 1: Incident Referral Form

British Handball Safeguarding / Child Protection Incident Referral Form:

Personal Details

First Name Surname

Position/Role Contact No

Childs Details

First Name Surname

Date of Birth Child's Age

Child's Address	<input type="text"/>	Parent address (if Different)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
			Home Tel Number: <input type="text"/>

Child's sex

Disability (if relevant)

Ethnicity

Time and Date of incident / disclosure

Nature of incident / disclosure

Are you reporting your own concern or that of another party?

If another party please state their position

Report the facts as you observed them (including visible injuries / behaviours)

Report the account of the person making the allegation / disclosure (using their words where possible) making clear distinction between fact and opinion / hearsay

Summarise the child's account of the incident(s) if available

Detail any Witness to the incidents with names and contact details

Detail any actions taken, including anyone else who has been consulted, with names, contact details and advice received

Have the child's parents been contacted (yes/no)

If YES, what has been said?

Please detail any further information you may think is relevant

Reporters Signature:

Name:

Date:

Once completed, the original of this form should be sent to British Handball's Lead Safeguarding Officer as appropriate, within 24 hours

By email: office@britishhandball.com

By post: BHA Lead Safeguarding Officer, Halliwell Jones Stadium, Winwick Road, Warrington, WA2 7NE

Remember to maintain confidentiality on a "need to know" basis - Only share information if doing so will protect the child

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

Template 2: Incident/Accident Report Form

Name of child	
Location of accident	
Date and time of accident	
Nature of accident/injury:	
Details leading up to the accident / how it happened:	
Full details of any first aid treatment and the name(s) of first-aider(s).	
What happened to the injured person following the accident? E.g. carried on with session, went home, went to hospital etc.	
Were any of the following contacted? If yes, please provide further details:	
Parents/guardians	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any recommendations made for follow up treatment/assessment?	
Name (print).....	
Signed Date.....	

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Template 3: Player Consent Form

This form should be completed by the player or their parent/guardian (for players under 18). All players within the British Handball setup are required to complete this consent form and return it to the relevant Team Manager. Any change of details should be notified to the relevant Team Manager or British Handball Office as soon as possible. If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

Player's details

Name:		Date of Birth:	
Phone Home:		Mobile:	
Email:			
Address:			
	Post code		
County:		School Year (if applicable)	

For players under 18 we follow the British Handball guidance on the use of young people's personal contact details, but if you prefer us to direct all communication to you as parent/guardian then please tick this box

Emergency contact (if under 18 then this should be a parent or guardian)

Name:	
Relationship to player	
Phone Home:	
Mobile:	
Email:	

Alternative emergency contact. Please provide details for an alternative contact

Name:		Relationship to player:	
Phone 1:		Phone 2:	

Medical / injury / disability details

Doctor:		Phone:	
Address:			

Please detail any medical conditions/ allergies (e.g. asthma, penicillin, nuts) that we should be aware of?

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Please provide details of any medication :

Are there any disabilities or past / current injuries or that we should be aware of? YES / NO. If yes, please provide further details:
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Travel and transport (players under 18 only)

We follow British Handball guidelines on transporting children. This could include your child being offered to travel to games, training or other events, either using public transport or private vehicles. Any concerns should be discussed with the Lead Safeguarding Officer or other British Handball official.

I give permission for my child to travel on public transport, as part of a group, with at least one adult per ten children.	
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I give permission for my child to travel in a private vehicle driven by another adult (eg. parent, team manager, coach) who has held their full UK license for more than one year.	
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Consent (please read carefully – speak to the team staff if you need clarification)

- I/my child agree to taking part in BHA training and competition activities .
- I confirm to the best of my knowledge that I/my child does not suffer from any medical condition and / or allergy, other than those listed above.
- I/ my child agree to British Handball using the contact details above for the purposes of me/ my child’s participation in British Handball including in the event of an emergency.

For players aged under 18:

- I give permission for transport of my child, as outlined above.
- I understand that the team staff have a common law duty to act in the capacity of a reasonably prudent parent.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present. I give permission that if I and the emergency contact can’t be reached, a member of team staff can give any necessary immediate authority for any medical treatment where a delay could be contrary to my child’s wellbeing.
- I acknowledge that the BHA will be liable in the event of any accident, loss or injury only if they have failed to take reasonable steps in their duty of care for my child.

Parent / Guardian (players under 18 only)

Signed:Date:

Print name:

Player

Signed:Date:

Template 4: Photography and Videoing Consent Form (Player)

Important information about this form

British Handball requests the use of photograph or film footage of players for use in its publicity materials. Parents, guardians (children under 18 years of age) or appropriate representatives should read this information carefully before signing the accompanying consent form. If prior consent is in verbal form due to time constraints, it is essential that the form is completed later.

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

For those players under 18:

- The BHA recognises the need to ensure the welfare and safety of all young people in handball. In accordance with British Handball policy, where possible we will not permit photographs, film, video or other images of children to be taken or used without the consent of the child and their parents/guardians.
- We will follow the guidance for the use of photographic and recorded images of children, a copy of which is in the British Handball Safeguarding Policy. If at any time either the parent/guardian or the young person wishes their image to be removed from a website or any other publications, this should be communicated in writing to the Team Manager or British Handball Office.
- The BHA will take all steps to ensure these images are used solely for the purposes they are intended. Where the BHA has obtained parental and player consent, the BHA may give permission to the opposition to take images during a game. If you become aware that these images are being used inappropriately you should inform the BHA immediately.

What this visual material may be used for

1. The photographs/film may be used in British Handball publicity material such as the annual report, newsletters, magazines, brochures, video footage, display and exhibition panels, the British Handball website and other promotional materials.
2. The photographs/film may be used for a number of years, depending on its relevance to British Handball's activities.
3. British Handball will hold full copyright of the images.
4. British Handball will make all efforts to ensure the safety and comfort of the subject(s) throughout the photo/film shoot.
5. You should keep a copy of this consent form for your records.
6. If you agree to these terms and conditions, please ensure that the accompanying form has been signed.

Please read the accompanying Photography/Film Consent Form Instructions before signing this form. This form should be issued by British Handball and completed before any photographs or film is taken.

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TO BE COMPLETED BY THE PLAYER OR PARENT/GUARDIAN (FOR PLAYERS UNDER 18)

Name _____
Contact daytime phone _____
Address _____

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Please sign this statement (for players under 18 a parent or guardian should sign)

I hereby grant British Handball and any assignees or licensees the absolute right to use the images resulting from any video or photography and consent for the purposes of Data Protection legislation to the storing of all such images and information relating to such images in a photo library to be controlled by British Handball. This includes any reproductions or adaptations of the images for all general purposes, and at any time, in relation to British Handball's work.

Signature _____ Date ____/____/____

Name (please print) _____

Template 5: Photographer Registration Form

British Handball Photographer Registration Form

British Handball is committed to providing a safe environment for children to participate in. Essential to this commitment is to ensure that all necessary steps are taken to prevent inappropriate images being taken or innocent images being adapted for inappropriate use. Therefore, any person wishing to take any video, zoom, or close range photography is required to register their details either beforehand or at the event information desk before carrying out such photography.

By signing the statement below you are agreeing to:

1. Ensure any images or video are used solely for the purposes they are intended;
2. NOT use images where players or their parents/ guardians have withheld their consent (a list will be provided at each event);
3. Only take images or video of players in suitable British Handball clothing;
4. Convey the best principles and aspects of Handball within images or video, such as fairness and fun;
5. Taking care to ensure that images are appropriate and not open to obvious misinterpretation or misuse;
6. Retaining only minimal personal information accompanying images or video (as this could place player at greater risk);
7. Store all images and video securely; and
8. Respect any request from a player or parent/guardian in the case of players under 18) to remove an image from a website or social media account.

By adopting these points the BHA aims to put in place the best possible practice to protect players wherever and whenever images are taken and stored. The BHA reserves the right to decline entry to any person unable to meet or abide by these conditions.

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

Event you would like to take photographs at:

Name of company (if taking photographs in a professional capacity):

Full name of person taking photographs:

Address:

Postcode:

Mobile Telephone Number:

Home Telephone No:

Date of Birth:

Yes	No
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Are you related to any participants taking part in the event:

Name of participant you are related to:

Date:

Signature

Template 6: Application Form for working with children

Title		Gender	
Surname		First names	
Any first name, surname or maiden name previously known by			
Date of Birth		Phone number	
Address			
Email			

Qualifications/Experience

Qualifications/training relevant to the post

Professional/voluntary experience

If necessary, please continue on a separate sheet of paper.

Current employment details			
Name of organisation			
Job title			
Start date		End date	
Nature of duties			
Current voluntary role:			
Name of organisation			
Job title			
Start date		End date	
Nature of duties			

Relevant past roles:	

Supporting evidence

Please tell us why you think you would be a good candidate for this post, detailing your previous experience of working with young people in a voluntary or professional capacity.

References

Please provide the details of two people who we can contact for a reference who know you well (but are not related to you). You must have known these people for a minimum of two years. If possible please include a reference from your current/most recent employer and someone who can comment first-hand on your experience working with children.

Name		Name	
Organisation		Organisation	
Position		Position	
Address		Address	
Telephone no		Telephone no	
Relationship		Relationship	

Criminal Records

Please be advised that this position is considered to involve substantial contact with children. You must not apply if you are barred from working with children by the Independent Safeguarding Authority.

Under the provisions of Exceptions Orders to the Rehabilitation of Offenders Act 1974, successful applicants will be asked to undertake an enhanced DBS disclosure through the

Disclosure and Barring Service. An Enhanced Disclosure will contain information about criminal offences including convictions, cautions, reprimands and warnings. It will detail ALL previous convictions etc. including those usually regarded as “spent” under the Rehabilitation of Offenders Act 1974. British Handball has a policy on the recruitment of ex-offenders which is available on request. Having a criminal record will not necessarily bar you from working in handball; this will depend on the position and the circumstances and background of your offences.

Declaration

I confirm that the information I have given on this form is correct and complete and understand that false or misleading statements may be result in my application being rejected/appointment being terminated.

Signed: Dated:

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

Template 7: Reference Form for working with children

Name of applicant:	
Position applied for:	

The above named person has expressed an interest in working with British Handball and has given your name to provide a reference. The post involves substantial access to children. As an organisation committed to the welfare of and protection of children, we are anxious to know if there is any reason at all to be concerned about this applicant being in contact with children.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance (please see our Privacy Policy on our website for further information). We would appreciate you being open and honest in your evaluation of this person.

How long have you known this applicant and in what capacity?					
If you have any concern about the applicant's suitability to work with young people/vulnerable adults, please detail below.					
Based on your knowledge of the applicant, please indicate their ability across the following criteria:					
	Poor	Average	Satisfactory	Good	Excellent
Attitude					
Reliability					
Communication skills					
Trustworthiness					
Flexibility					
Organisation/planning					
Teamwork					

Signed: Dated:

Print name:

Please return to: British Handball Association, The Halliwell Jones Stadium, Winwick Road,
Warrington, WA2 7NE
Or by email to office@britishhandball.com

Template 8: Self Disclosure form

This form should be completed for all applicants applying for a role involving regular contact with children.

The position for which you have applied is an exempted occupation for the purpose of the Rehabilitation of Offenders Act 1974. All 'spent' and 'unspent' convictions must be declared. Having prior convictions will not necessarily impede your appointment, but this will depend on the circumstances and background to your offences in relation to the position you are applying for.

If you are successful with your application, under the provisions of the Exceptions Orders to the Rehabilitation of Offenders Act 1974, you will be asked to undertake an enhanced DBS disclosure through the Disclosure and Barring Service. An enhanced disclosure will contain information about any criminal offences including convictions, cautions, reprimands and warnings.

Title		Gender	
Surname		First names	
Any first name, surname or maiden name previously known by			
Date of Birth			
Address			

Have you ever been convicted, cautioned or warned of any criminal offences? If YES, please supply details of any criminal offences
Are you a person known to any Social Services department as being an actual or potential risk to children? If YES, please supply details:
Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to child protection? If YES, please supply details

Important

I understand the role I have applied for involves working/volunteering with children. I understand that it is necessary for me to answer the questions truthfully and declare any information which might be considered relevant.

Signed:

Date:

Print name:

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

Template 9: Staff/Volunteer Induction Checklist

- Staff/Volunteer has received general welcome to the organisation including staff roles and responsibilities
- Staff/Volunteer has received a copy of BHA Safeguarding policies and procedures, and has signed the associated acknowledgement form
- Staff member has received clear information regarding payments and employment conditions where relevant.
- Staff member volunteer has been shown emergency evacuation procedures and location of toilets, first aid and fire exits.
- Staff/Volunteer has completed an application for the relevant DBS/Barred List checks, where eligible.
- Staff/Volunteer has received and completed the following forms where relevant:
 - Inland Revenue (e.g. P46)
 - Employment status form
 - Payroll expenses Form
 - Personal contact details form

- Employed Staff has provided original documentation as proof of identity
 - Passport Driver's License
 - Work Permit Utility bill

- Staff/Volunteer has received electronic copies of the following documents:
 - Work plan
 - Weekly Plan
 - Timesheet
 - Expenses Claim
 - BHA Safeguarding Policy and Guidance

- Initial meeting with supervisor has been arranged

Template 10: Volunteer Agreement

Name:

BHA Staff Contact:

All coaches/team managers/officials working with British Handball are encouraged to work to high standards and adopt recognised best practice where possible. In addition to their own standards of practice, all volunteers' officials should be aware of and adopt British Handball Association (BHA) policies such as;

- Codes of practice for volunteers /officials.
- Child protection policy and procedures.
- Equity and safety policy statement and guidelines.

The BHA will ensure that its volunteers/officials have a copy of each policy and guidance note that is relevant to their work. The BHA will listen to and respond to matters that its officials bring to its attention in relation to their work and will support, where possible, their training needs.

I, _____, am familiar with British Handball Association's standards of practice named above and will adopt these in my work. I accept the responsibilities outlined in the attached task description.

SIGNED:

DATE:

NAME:

If you would like to know about how we collect and use the personal information you give us then please download a copy of our Privacy Policy from our website at www.britishhandball.com

NB Before a volunteer signs and returns the agreement; you should provide him/her with copies of all/some of the following:

- Safety guidelines
- Equity policy statement
- Safeguarding policy and procedures

Template 11: Child Protection, Safeguarding, and Code of Conduct & Behaviour acknowledgement Form (for staff, volunteers, players, and parents/carers where a player is under 18)



**British Handball Association
Safeguarding and Child Protection Policy
Safeguarding Guidance & Good Practice
Acknowledgment Form**

Name: _____

Role: _____

GB Squad: _____

I acknowledge having received and read the British Handball Association Safeguarding and Child Protection Policy and Safeguarding Guidance. I further understand that in completing this form, I am signing-up to the BHA Code of Ethics and Behaviours, including any future updated versions.

By signing this form I consent to the BHA using my personal information in a way that is consistent with the BHA Privacy Policy (for a copy please see the BHA website).

Signed: _____

Date: _____