

Recording Concerns Form

Club name:

Record completed by:

Position:

Date:

Child's name:

Child's DOB:

Child's address:

Parents'/guardians' names and address:

Parents'/guardians' contact details:

Date and time of any incident:

Your observations:

Your concerns:

Action taken so far:

Designated liaison person informed? Yes No

External agencies contacted:

Advice received from agency:

Cricket Ireland Safeguarding Officer contacted: Yes No

Date:

Time:

If not, why?

Signature:

Date:

Accident Report Form

Club name: Coach in attendance: Coaches contact details:

INJURED PARTY

Name: Club: Home address:

ACCIDENT DETAILS

Form completed by: Date: Exact location: Time: Time reported: Reported by who: Nature of injury:

How accident happened?

*Describe what activity was taking place, for example training/game/getting changed*Name and contact details of witnesses: First Aid involved? Yes NoWere the following contacted? Police/Gardai AmbulanceWere the parents informed? Yes NoBy whom: When: Referred to Club Children's Officer? Yes NoSignature of Club Children's Officer: Date:

Accident Report Form contd.

Any further action to be taken?

Has the young person returned to? Yes No

Signature of management representative:

Date of return:

All of the above facts are a true record of the accident/incident.

Signature:

Date:

Name:

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form)

Consent Form for Under 18's Travelling Abroad or Requiring an Overnight Stay

Child's full name:

Date of birth:

Address:

Parent/guardian name:

Relationship to player:

Contact number:

Alternative emergency contact:

Name:

Relationship to player:

Contact number:

Medical history information

(Please give details of any known allergies or medical conditions, including any medication that your child takes – use additional page if needed)

Does your child need to be in possession of or need to be able to administer medication while participating in sport or other activities? Yes No

Can your child administer this medication without assistance? Yes No

In the case of an emergency, the coach/volunteer will do everything possible to contact the Parent/Guardian. However, if contact cannot be made, I authorise the certified First Aid person and/or leader in charge to take my child to a Hospital and give consent for any medical treatment on my / our behalf Agree Disagree

Any other special needs, dietary requirements, instructions that you feel we should be aware of?

Consent Form for Under 18's Travelling Abroad or Requiring an Overnight Stay contd.

GP name:

GP contact number:

I know of no reason, medical or otherwise, why the above-named child should not participate in the activities involved. I have willingly supplied the contact and medical details above and consent that in the event of any illness/accident, any necessary treatment can be administered to my child. If need be they will be driven to a Hospital with a coach and/or volunteer.

I agree to abide by the Cricket Ireland Code of Conduct for a) Players b) Parents/Guardians as governed by the Cricket Ireland Code of Practice and Safeguarding Procedures for children.

I understand that my child is sleeping with other team mates in a dormitory and that the team coaches will be in rooms next door.

Signature youth participant:

Date:

Signature parent/guardian:

Date:

Youth Consent Form

Child's full legal name:

Date of birth:

Parent/guardian name:

Parent/guardian name:

Provincial union:

Club Team:

Home Address:

Postcode/Eircode:

Tel number:

Secondary contact number:

Email address:

Family doctor:

Doctor's address:

Doctor's tel number:

Additional emergency contact:

Dietary requirements:

Known medical conditions/disabilities/medication/food allergies/special/other:

Does the player require assistance with administering medical support?
(Medication, Diabetic injections, Epi Pens...)

Youth Consent Form contd.

I agree to my child taking part in Cricket Ireland Youth training programmes, matches and tours.

I confirm that, to the best of my knowledge, my child does not suffer from any medical condition other than those listed above.

I consent to my child traveling by any form of public transport, by minibus or a Private Travel Company or one of the participating teams.

I authorise the leader of the party, or any other member of staff accompanying the party who may be present, to consent to such medical treatment (including inoculations, blood transfusions or surgery) which in the opinion of a qualified medical practitioner may be necessary during any period when my child is away with Cricket Ireland and away from direct parental control and direction.

I consent to the taking of photographs and films of my child and for their publication in newspapers, Cricket Ireland displays, Cricket Ireland social media pages, Cricket Ireland website reports and for coaching purposes.

Signature parent/guardian:

Date:

Youth Medical Questionnaire

Full legal name:

Date of birth:

Address including Postcode/Eircode:

Primary telephone number:

Secondary contact number:

Email address:

Emergency contact details:

Relationship to participant:

Registered GP & medical practice:

Medical practice contact number:

Have you sustained any musculoskeletal Injuries in the last 12 months? Yes No

If yes, please state details:

Do you have diagnosed medical conditions for any of the following?

Thyroid Yes No

Heart Yes No

Rheumatological Conditions Yes No

Epilepsy Yes No

Asthma Yes No

Diabetes Yes No

Do you have any other relevant past medical history?

Do you have any allergies? If yes, what medication has been prescribed?

Youth Medical Questionnaire contd.

Do you currently take any regular medication?

Do you take any medications that require medical assistance? Yes No

If yes, please list below:

Have you had any recent or long term dental issues?

Please state what vaccinations you have received and when you received them.

YES, RECEIVED	DATE RECEIVED
Hep A _____	<input type="text"/>
Hep B _____	<input type="text"/>
Tetanus _____	<input type="text"/>
Yellow fever _____	<input type="text"/>
Typhoid _____	<input type="text"/>
Diphtheria _____	<input type="text"/>
Polio _____	<input type="text"/>

Signature parent/guardian:

Date:

Missing Child Reporting Form

Event name:

Date of event:

Event director:

CHILD'S DETAILS

Name:

Male/female:

Age of child:

Date of birth:

Hair colour:

Eye colour:

Clothing (colour & pattern):

Time and place the child was found:

Time event staff informed:

PARENT GUARDIAN DETAILS

Name (as per registration form if a participant):

Phone number:

Home address:

Event Security informed (time):

Gardaí/PSNI informed (time):

Found Child Reporting Form

Event name:

Date of event:

Event director:

CHILD'S DETAILS

Name:

Male/female:

Age of child:

Date of birth:

Hair colour:

Eye colour:

Clothing (colour & pattern):

Time and place the child was found:

PERSON WHO FOUND THE CHILD DETAILS

Name:

Phone number:

Role (security/event staff/spectator etc.):

Time event staff informed:

Has the child any special medical requirements?

PARENT/GUARDIAN NAME COLLECTING THE CHILD

Phone number:

Home address:

Time child reunited:

EVENT STAFF HANDING OVER THE CHILD

Print name:

Signature:

Vetting & Safeguarding Requirements

The following requirements apply to all Cricket Ireland staff and volunteers, as well as all affiliated Provincial Union's and Club level staff and volunteers.

Identified Group	Minimum Vetting and Training Required			
	VETTING ¹	ONLINE/FACE TO FACE SAFEGUARDING TRAINING ²		
(Children are defined as someone Under 18)	National Vetting Bureau (ROI) Access NI (NI)	Safeguarding 1 (Child Welfare & Basic Awareness Workshop)	Safeguarding 2 (Club Children's Officer)	Safeguarding 3 (Designated Liaison Person)
PROVINCIAL UNION, CLUB COACHES				
Coach/ Leader/ Instructor working with children in a Regulated Activity ³	✓	✓		
Coach/ Leader/ Instructor no consistent contact with children or vulnerable people ³				
Coach/ Leader/ Instructor working with Vulnerable People in a Regulated Activity ³	✓	✓		
Umpires/Score Keepers/Match Officials	✓	✓		
Manager/Captain of senior teams with youth players	✓	✓		
PROVINCIAL UNION, CLUBS STAFF AND VOLUNTEERS				
Designated Liaison Person ⁵	✓	✓		✓
Club Children's Officer ⁵	✓	✓	✓	
Club Children's Officer Deputy (NI) ⁵	✓	✓	✓	
Mandated Person	✓	✓		✓
Anyone whose role is primarily working with Children and or Vulnerable People ³	✓	✓		
Team Driver(s) & Over Night Chaperones	✓			

Vetting & Safeguarding Requirements contd.

Identified Group	Minimum Vetting and Training Required			
	VETTING ¹	ONLINE/FACE TO FACE SAFEGUARIDNG TRAINING ²		
(Children are defined as someone Under 18)	National Vetting Bureau (ROI) Access NI (NI)	Safeguarding 1 (Child Welfare & Basic Awareness Workshop)	Safeguarding 2 (Club Children's Officer)	Safeguarding 3 (Designated Liaison Person)
CRICKET IRELAND NGB				
Cricket Ireland CEO	✓	✓		✓
Office Staff (working in a Regulated Activity ³)	✓	✓		
Coaching Staff (working with in a Regulated Activity ³)	✓	✓		
Development Officers (working in a Regulated Activity ³)	✓	✓		
National Safeguarding Officer	✓	✓	✓	✓
Coach Education (working in a Regulated Activity ³)	✓	✓		
Safeguarding Training Tutors ⁴	✓	✓	✓	✓

Garda Vetting (NVB Disclosure Letters) - Republic of Ireland

If you require an Garda Vetting check please speak with your local PU/Club about an Garda Vetting Invitation and or Parent Consent Form this will fully explain how to make an application. Further information can be found [here](#).

Access NI Disclosure - Northern Ireland

If you require an Access NI check please speak with your local PU/Club about an Access NI Application Form and Guidance document this will fully explain how to make an application. Further information can be found [here](#).

- 1 Garda Vetting and Access NI checks are to be completed every 3 years prior to the expiry of their current disclosure letter.
- 2 Sport Ireland requires a revalidation of all Safeguarding Workshops (Safeguarding Guidance for Children & Young People in Sport) within 3 years of completion.
- 3 Any work or activities, carried out by a person, a necessary and regular part of which consists mainly of the person having access to or contact with children or vulnerable persons. Details of relevant work or activities are outlined in part 1 and 2 of Schedule 1 of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.
- 4 Tutor training and the levels required are dependent on the level the individual will tutor moving forward.
- 5 Northern Ireland the DLP and CCO are a combined role, it is best practice to have a Deputy CCO. In the ROI the DLP and CCO are two sperate roles. It is best practice to have the DLP and CCO be a part of union or club senior management.