

Welfare Reporting Form

Please return this form to: *[Confidential] Simon Roach, Weightlifting Wales, Canolfan Brailsford, Ffriddoedd Road, Bangor University, Bangor, Gwynedd, LL57 2EH*

**Personal details of individual concerned:**

Full Name

Age

Gender

Address

**Personal details of individual’s parents/carers**

Full name

Relation

Address

**Personal details of person making the referral**

Full Name

Role

Address

Email address

Phone number

**Report:**

Please be as accurate in this report as possible and honest throughout.

*Reporting guidance: please include the following areas.  
Information shared, nature of concerns, why concerns have arisen, description of any injuries, changes in child’s behaviour.  
Where possible, include full details of the person about whom the concern/allegation is made including full name, date of birth, address, relationship the child concerned and/or position held in the club, if any; any information you have on the child’s developmental needs.*