



**Luna Acrobatics and Aerial Arts**  
**Safeguarding**  
**Logging a concern**

<b>Your name:</b>	<b>Name of organisation:</b>
<b>Your role:</b>	
<b>Contact information (you):</b>	
<i>Address:</i>	
<i>Postcode:</i>	
<i>Telephone numbers:</i>	
<i>Email address:</i>	
<b>Child's name:</b>	<b>Child's date of birth:</b>
<b>Child's ethnic origin:</b> <i>Please state</i>	<b>Does child have a disability?</b> <i>Please state</i>
<b>Child's gender:</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
<b>Parent's / carer's name(s):</b>	
<b>Contact information (parents/carers):</b>	
<i>Address:</i>	
<i>Postcode:</i>	
<i>Telephone numbers:</i>	
<i>Email address:</i>	

**Have parent's / carer's been notified of this incident?**

- Yes
- No

If YES, please provide details of what was said/action agreed:

**Are you reporting your **own** concerns or responding to concerns raised by **someone else**?**

- Responding to my own concerns
- Responding to concerns raised by someone else

**If responding to concerns raised by someone else:** *Please provide further information below*

*Name:*

*Position within Luna or relationship to the child:*

*Telephone numbers:*

*Email address:*

**Date and times of incident:**

**Details of the incident or concerns:**

*Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.*

**Child's account of the incident:**

**Please provide any witness accounts of the incident:**

Please provide details of any witnesses to the incident:

**Name:**

*Position within the club or relationship to the child:*

*Date of birth (if child):*

**Address:**

*Postcode:*

*Telephone number(s):*

*Email address:*

**Please provide details of any person involved in this incident or alleged to have caused the incident / injury:**

**Name:**

*Position within the club or relationship to the child:*

*Date of birth (if child):*

**Address:**

*Postcode:*

*Telephone number:*

*Email address:*

**Please provide details of action taken to date:**

**Your Signature**

**PRINT NAME**

**Date:**

***DSL to complete the rest of the form only***

**Has the incident been reported to any external agencies?**

Yes

No

If YES please provide further details:

***Name of organisation / agency:***

***Contact person:***

***Telephone numbers:***

***Email address:***

***Agreed action or advice given:***

**Please ensure that this welfare concern is now passed on to Mary Bond Designated Safeguarding Lead.**

[welfare@lunaacro.com](mailto:welfare@lunaacro.com)

**07909 923269**