



NETSUI-DO KARATE ASSOCIATION

Record of disclosure form

Your Name: Position Held:

Date incident reported to you:

Name of child: Age: DOB:

School:

Name and address of person reporting the incident (if not the child):

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Details of disclosure: (including date, time and place of incident):

- What the child/person reporting said:

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- Your own observations:

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- Date of notification to CPLO/deputy CPLO and chief instructor:

Actions taken by person named above/CPLO/deputy CPLO (including date):

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Place a copy of this form on the child protection policy file