



CHILD PROTECTION REFERRAL FORM

Your Name: _____

Your position: _____

Your Knowledge of and relationship to the child/young person/vulnerable adult:

Child's/young person's/vulnerable adult's name: _____

Child's/young person's/vulnerable adult's address:

Child's/young person's/vulnerable adult's date of birth: _____

Date(s), time(s) and location(s) of incident(s): _____

Nature of the concern/allegation: _____

Observations made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's or vulnerable adult's emotional state etc):

NB Make a clear distinction between what is fact, opinion or hearsay

Exactly what the child/young person/vulnerable adult said and what you said (Remember, do not lead the child or young person – record actual details. Continue on a separate sheet if necessary):

Actions Taken so far:

External agencies contacted:

Police

Yes

☐

No

☐

If yes, which:

Date and time:

Name and Contact number:

Details of advice received:

Social Services

Yes

☐

No

☐

If yes, which:

Date and time:

Name and Contact number:

Details of advice received:

UK:

Athletics

Yes

☐

No

☐

If yes, which department:

Date and
time:

Name and Contact number:

Details of advice received:

Local Authority

Yes

☐

No

☐

If yes, which:

Date and time:

Name and Contact number:

Details of advice received:

Other (e.g. NSPCC) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which: _____	
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	

Print name: _____

Signed: _____ Date: _____

If the incident has been reported to Social Services, a copy of this form must be sent to them within 24 hours of the telephone report.
 Remember to maintain confidentiality (on a need to know basis)-only share if it will protect the child. Do not discuss the incident with anyone other than those who need to know.
 A copy of this form must be sent to Athletics Welfare PO Box 332 Sale Manchester M33 6XL

