Safeguarding Referral Form

This form is designed to report any safeguarding incidents or concerns. It should be completed by the person who has been disclosed to, who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted as per the clubs referral procedure	**REFERENCE NUMBER**

Name & role of person completing this form:	
Club name:	Date form is completed:

Details of victim:

Name:	Address:
Contact number:	Gender:
Date of birth:	Any further information that may be useful to consider:

Parents/carers details:

Name:	Address:
Contact number:	Email address:
Have parents/carers been notified of the incident? Yes / No	If yes, please provide details:
If adult has capacity has consent been obtained? Yes/ No	If no, please provide details

Details of person who received or witnessed the incident:

Are you reporting your own concerns or responding to concerns raised by someone else?	Reporting my own concerns	☐
	Responding to someone else's concerns	☐
If responding to someone else's concerns, please provide their details below:		
Name:		
Relationship to child, young person, or adult at risk:		
Email address:		
Contact number:		

Incident Details:

Date/ Time:	Group name (if applicable):
Location of incident:	

Description of the incident or concern: (continue separate sheet if necessary & include reference number): *(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion, or hearsay)*
Details of any previous concerns, incidents, or relevant safeguarding records:
Victims account of the incident or concern: *(use their own words)*

Witness account of incident or concern: *(include further accounts on separate sheets as necessary. Include reference number on each accompanying account)*		
Details of any witnesses:		
Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*	Relationship to child, young person, or adult at risk:	Contact details:
Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:		
Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*	Relationship to child, young person, or adult at risk:	Contact details:

Outcome of incident & immediate actions taken: (tick box where relevant)		
• Ambulance required? Y/N • Name of hospital / medical facility attended if applicable: Police/fire/rescue services attended? Y/N Notes:	First aid treatment provided: and by whom	Medication given:

Any resulting change of plans or disruption to the programme, if applicable:	Disciplinary procedures enacted:	Were any immediate changes to risk management procedures made?

Signed By Author:	Name:	Date:

Reporting to the Designated Safeguarding Lead (DSL) section: *(to be completed by Club Welfare Officer)*

Date & time CWO notified of incident/concern:
Date & time this form passed on to CWO (if different from above):
CWO comments: *(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required)*:

External agency referral: (tick box where relevant)		
Social services notified. Date & time of referral: Name of contact person: Contact number / email: Agreed action or advice given:	LADO notified. Date & time of referral: Name of contact person: Contact number / email: Agreed action or advice given:	Other referral made Agency: Date & time of referral: Name of contact person: Contact number / email: Agreed action or advice given:

Signed By CWO:	Name:	Date:

***CWO – ClubWelfare Officer**
***LADO – Local Authority Designated Officer**
For Office Use Only:

Follow-up action required:

Action:	Due date:	Whom responsible: