



SAFEGUARDING REFERRAL FORM

Your Organisation's name:			
Your name:			
Your position in organisation:			
Contact Tel No's: Home:		Mobile:	Work:
Address:			
Email:			
Young Person's name:			
Address:			
Date of Birth:		Male or female?	
Parent / carers name:			
Does the young person have a disability?: If so, please detail:			
Please tick the box to indicate the ethnicity of the young person			
	TICK BOX		TICK BOX
White British		Asian or Asian British – Pakistani	
White Irish		Asian or Asian British – Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White and Black Caribbean		Black or Black British – Caribbean	
Mixed – White and Black African		Black or Black British – African	
Mixed – White and Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	
Name of the accused / adult whose behaviour you have concerns about:			
Position in sport i.e. coach, official:			
Address:			
Tel:			
Date of birth:			
Are you reporting your concerns or passing on those of somebody else? (Give details)			
Brief description of what has prompted these concerns: include dates, times, venue etc. of any specific incidents.			
Have you spoken to the young person (s) ? If so, please give details of what was said and when:			

ENGLAND HOCKEY

Safeguarding and Protecting Young People



Have you spoken to the parent / carer of the young person (s) involved? If so, please give details of what was said and when:	
Have you spoken to the person the allegations have been made against? If so, please give details of what was said and when:	
Relationship between the young person and the accused?:	
Action taken so far (please continue of a separate sheet if necessary):	
External agencies contacted:	
Club Welfare Officer yes/no	Name and contact number: Date and time: Details of advice received:
England Hockey England Hockey Child Welfare Officer, England Hockey, National Hockey Stadium, Silbury Boulevard, Milton Keynes, MK9 1HA yes/no	Name and contact number: Date and time: Details of advice received:
Police yes/no	If yes – which: Name and contact number: Date and time: Details of advice received:
Children's Social Care Dept (Social Services) yes/ no	If yes – which: Name and contact number: Date and time: Details of advice received:
Local authority yes/no	If yes – which: Name and contact number: Date and time: Details of advice received:
Other (eg NSPCC)	Which: Name and contact number: Details of advice received:
Signature: Print name: _____ Date: _____	

Remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

THIS FORM SHOULD BE RETURNED IN THE FIRST INSTANCE TO:

CSSC WELFARE OFFICER, 29 Devonshire Road, Douglas, IOM

(Please mark your envelope **CONFIDENTIAL**)