



4.1c SAFEGUARDING & PROTECTING REFERRAL FORM

Organisation: Yeovil & Sherborne Hockey Club

Your name:

Your position in organisation:

Contact Tel No's: Home: Mobile: Work:

Address:

Email:

Information about the young person:

Name:

Address:

Date of Birth: Male or female?

Parent/carers name:

Does the young person have a disability?: If so, please provide details:

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	

Information about the accused/adult whose behaviour you have concerns about:

Name:

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:
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:
What is the relationship between the young person and the accused?:
Action taken so far (please continue of a separate sheet if necessary):

External agencies contacted:	
England Hockey? Yes / No	Name and contact number: Date and time: Details of advice received:
Police? Yes / No	Name of Constabulary: Name and contact number: Date and time: Details of advice received:
Children's Social Care Department (Social Services)? Yes / No	Name of Department: Name and contact number: Date and time: Details of advice received:
Local authority? Yes / No	Name of Authority: Name and contact number: Date and time: Details of advice received:
Other (eg NSPCC)? Yes / No	Name of Organsiation: 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 TO:

England Hockey Child Welfare Officer, England Hockey,
 National Hockey Stadium, Silbury Boulevard, Milton Keynes, MK9 1HA
 (Please mark your envelope CONFIDENTIAL),