



4.1c SAFEGUARDING & PROTECTING REFERRAL FORM

Information contained on this form will form part of the Club's and England Hockey's investigation into the alleged incident. Please notify each individual whose details you include on this form that their information may be shared with a number of organisations and individuals relevant to the investigation.

| | | | |
|---|-------------|--------------------------------------|-------------|
| 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: | | | |

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|---|
| <p>Are you reporting your concerns or passing on those of somebody else? (Give details)</p> <p>.</p> <p>.</p> |
| <p>Brief description of what has prompted these concerns: include dates, times, venue etc. of any specific incidents:</p> |
| <p>Have you spoken to the young person(s)? If so, please give details of what was said and when:</p> |
| <p>Have you spoken to the parent / carer of the young person (s) involved? If so, please give details of what was said and when:</p> <p>.</p> |
| <p>Have you spoken to the person the allegations have been made against? If so, please give details of what was said and when:</p> |
| <p>What is the relationship between the young person and the accused?:</p> <p>.</p> |
| <p>Action taken so far (please continue of a separate sheet if necessary):</p> |

| 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:

Ethics and Compliance Manager, England Hockey,
 Bisham Abbey National Sports Centre, Marlow, Buckinghamshire, SL7 1RR
 (Please mark your envelope CONFIDENTIAL),