**SAFEGUARDING REFERRAL FORM**

Louth Hockey Club – Welfare Officers

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Amie Wright – M: 07879 248641 Email: [welfare@louthhockeyclub.co.uk](mailto:welfare@louthhockeyclub.co.uk)

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**Your details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Position in club/organisation: |
|  |  |  |

|  |
| --- |
| Home address: |
| POST CODE: |

|  |  |  |
| --- | --- | --- |
| Daytime phone number: | Evening phone number: | Email address: |
|  |  |  |

**Young person’s details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Parent/legal guardian’s name: |
|  |  |  |

|  |  |
| --- | --- |
| Date of birth: | Male or female: |
|  |  |

|  |
| --- |
| Home address: |
| POST CODE: |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | TICK |  | TICK |
| 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 |  |

Details of the accused/adult whose behaviour you have concerns about

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Position in sport (e.g. coach, official) |
|  |  |  |

|  |
| --- |
| Home address: |
| POST CODE: |

|  |  |
| --- | --- |
| Phone number: | Date of birth: |
|  |  |

**Are you reporting your concerns or passing on those of somebody else? (please give details)**

**Please give a brief description of what has prompted these concerns**

Please 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

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 so far**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation | Y/N | If yes, which? | Name & Number | Date & Time | Details of advice rec’d |
| England Hockey |  |  |  |  |  |
| Police |  |  |  |  |  |
| Chidren’s Social Care Dept (Social Services) |  |  |  |  |  |
| Other (e.g. NSPCC) |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Print Name: |  |
| Date: |  |  | |

Remember to maintain confidentiality on a need to know basis. Only disclose information 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:

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