



England Hockey's Safeguarding and Protecting Young People Policy

SAFEGUARDING REFERRAL FORM

Your club/organisation's name

Bramhall Hockey Club

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:



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

	TICK		TICK
White British	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black or Black British – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

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)

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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



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External agencies contacted so far

Organisation	Y/N	If yes, which?	Name & Number	Date & Time	Details of advice rec'd
England Hockey					
Police					
Children'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, Bisham Abbey National Sports Centre, Near Marlow, Buckinghamshire,
 SL7 1RR