

CHILD PROTECTION REFERRAL FORM

Your Name: _____
Your position: _____
Your Knowledge of and relationship to the child/young person/vulnerable adult: _____
Child's/young person's/vulnerable adult's name: _____
Child's/young person's/vulnerable adult's address: _____
Child's/young person's/vulnerable adult's date of birth: _____
Date(s), time(s) and location(s) of incident(s): _____
Nature of the concern/allegation: _____
Observations made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's or vulnerable adult's emotional state etc): <i>NB Make a clear distinction between what is fact, opinion or hearsay</i>
Exactly what the child/young person/vulnerable adult said and what you said (Remember, do not lead the child or young person – record actual details. Continue on a separate sheet if necessary):
Actions Taken so far: _____

External agencies contacted:	
Police	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which: _____
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	
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Social Services	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which: _____
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	
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UK: Athletics	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which department: _____
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	
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Local Authority	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which: _____
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	
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Other (e.g. NSPCC)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which: _____
Date and time: _____	
Name and Contact number: _____	
Details of advice received: _____	

Print name:

Signed: Date:

If the incident has been reported to Social Services, a copy of this form must be sent to them within 24 hours of the telephone report.

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

A copy of this form must be sent to Athletics Welfare PO Box 332 Sale Manchester M33 6XL