



SAFEGUARDING REFERRAL FORM

Your Organisation's name: Stockton Hockey Club			
Your name:			
Your position in organisation:			
Contact Tel No's: Home:		Mobile:	
Address:		Work:	
Email:			
Young Person's name:			
Address:			
Date of Birth:		Male or female?	
Parent / carers name:			
Does the young person have a disability ? : If so, please detail:			
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	
Name of the accused / adult whose behaviour you have concerns about:			
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)			

ENGLAND HOCKEY

Safeguarding and Protecting Young People



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:

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	If yes – which: Name and contact number: Date and time: Details of advice received:
Children's Social Care Dept (Social Services) yes/ no	If yes – which: Name and contact number: Date and time: Details of advice received:
Local authority yes/no	If yes – which: Name and contact number: Date and time: Details of advice received:

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