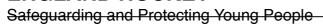
ENGLAND HOCKEY







SAFEGUARDING REFERRAL FORM

Your Organisation's name: Stockton Hockey Club				
Your name:				
Your position in organisation: Contact Tel No's: Home: Address:	Mobile: Work:			
Email:				
Young Person's name:				
Address:				
Date of Birth: Parent / carers name:	Male or female? ame:			
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: Name and contact number: **England Hockey** Date and time: Details of advice received: yes/no **Police** If yes - which: Name and contact number: Date and time: Details of advice received: yes/no Children's Social Care If yes – which: **Dept (Social Services)** Name and contact number: Date and time: Details of advice received: yes/ no Local authority If yes – which: Name and contact number: Date and time: Details of advice received: yes/no

ENGLAND HOCKEY

Safeguarding and Protecting Young People





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