



Version: 1.1

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FOR ALL

AFFILIATED FOOTBALL REFERRAL FORM

| Date of Referral: | County FA(s): | |
|-------------------|---|--|
| | | |
| PART | FICIPANT'S DETAILS (THIS IS THE PERSON YOU ARE REFERRING TO THE FA) | |
| Participant name: | Relationship to victim/s: | |
| Address: | Tel number: | |
| | Email: | |
| | Role in football: (is the post paid?) | |
| Postcode: | Club or organisation: | |
| Date of Birth: | FAN: (FA Number) – if relevant: | |
| Gender: | Ethnicity: | |
| | REFERRER'S DETAILS (PLEASE ENTER YOUR DETAILS) | |
| Name of referrer: | FAN: (FA Number) – if relevant | |
| Address: | Role/Organisation: | |
| | Tel number: | |
| | Email: | |
| Postcode: | Relationship to participant: | |

| DETAILS OF CHILD/CHILDREN OR ADULT(S) AT RISK | | | | |
|--|-------------------------------------|---|---|--|
| | | FAN: (FA Number) – if relevant | | |
| | | Gender: | | |
| Details of alleged victim/s (age): e.g. Joe Bloggs (12 years), Wembley FC under-13 girls' team | | Ethnicity: | | |
| (Please include name, age, club, parents/carers' details and any other relevant info) | | Parent/carer name: | | |
| | | Contact details: (telephone number, email, etc.) | | |
| | | County FA: | | |
| PROFESSIONAL NETWOR | K (PLEASE PROVIDE NAME, CONTACT NUM | MBER AND EMAIL. KINDLY PROVIDE THE | E ADVICE RECEIVED AND CONTACT DATE WITH AGENCY) | |
| LADO: (Name, telephone number and email address) | | | | |
| Social Services: | | | | |
| Police: | | | | |
| Other: (e.g. NSPCC, Club Designated Safeguarding Officer, etc.) | | | | |

| DETAILS OF CONCERNS | | | | |
|--|--------------------------|---|----------------------|----------|
| Type of abuse: | Sexual abuse | Emotional abuse | Physical abuse | Neglect |
| (please tick as appropriate) | Bullying | Other (Please specify): | | |
| Incident/s details: | | | | |
| Please summarise the incident, including details of any other relevant parties. | | | | |
| Clearly identify a list of your safeguarding concern/s | | | | |
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| Do you think this referral relates to: (please tick as appropriate) | High-level poor practice | Possible or actual risk of harm to children | For information only | Not sure |
| Action taken: | | | | |
| Please specify if you referred to a statutory agency, the County FA, the Club Designated Safeguarding Officer or any other action taken related to your concerns (including action taken by the Club). | | | | |
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| OTHER RELEVANT INFORMATION | | | | |
|--|--|--|--|--|
| Further information: | | | | |
| Please include any information that you think is relevant to our investigation | | | | |
| Can The FA contact the victim or their parents/carers directly? | | | | |
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| FOR FA USE ONLY | | | | |
|--------------------------|-------------------------------------|-----|----|--|
| Date received by The FA: | Case accepted? (tick as applicable) | Yes | No | |



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