

APPENDIX 1

SAFEGUARDING REFERRAL FORM

Please complete within 24 hours and submit to the Senior Safeguarding Manager via email:

Senior Safeguarding Manager:

E: safeguarding@TheFA.com

Date of concern:

DETAILS OF THE PERSON WHO IS RAISING THE CONCERN

Name:

Role/job title:

Venue:

Contact number:

Email:

DETAILS OF THE PERSON YOU ARE RAISING A CONCERN ABOUT

Name:

Role: *(please select)*

Child

Adult at risk

Member of staff

Volunteer

Other

Date of birth:

Month/Day/Year (if known)

Address:

(if known)

Contact number:

(if known)

Email:

(if known)

DETAILS OF THE PARENTS/CARERS (IF APPLICABLE – SEE CONFIDENTIALITY SECTION BELOW)

Name(s):

(if known)

Address:

(if known)

Contact number:

(if known)

Email:

(if known)

NATURE OF THE CONCERN

Circumstances

(please include ALL the information known to you)

Details of any disclosures

(please include ALL the information known to you, including any verbatim comments and the demeanour of the person, as this provides context to the disclosure)

Injuries seen

Witnesses

(please include full details, including name, role and contact details)

CONFIDENTIALITY

If the allegation is against a member of staff or volunteer, that person should not be informed of the concern until advice has been sought from the Senior Safeguarding Manager.

Have the parents/ carers been informed of the concern? <i>(please select)</i>	<div>YES</div> <div>NO</div>	
If yes, when?	Date:	Time:
If not, please state why <i>(If you feel sharing the information with the parent/ carer will place the child at risk, you should not share this information. Advice should be sought from the Senior Safeguarding Manager and reasons fully documented. Adults at risk need to be informed of the concern)</i>		
Have the parents/ carers or adult at risk been given consent to share information?	<div>YES</div> <div>NO</div>	
If not, why not?		

DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM (IF APPLICABLE)

Name:						
Role: <i>(please select)</i>	Child	Adult at risk	Member of staff - further detail required	Volunteer	Parent	Other - please detail
Date of birth: <i>Month/Day/Year (if known)</i>						
Address: <i>(if known)</i>						
Contact number: <i>(if known)</i>						
Email: <i>(if known)</i>						
Do they work/ volunteer anywhere else? <i>(please select)</i>	<div>YES</div> <div>NO</div>					

If yes, please detail:

What is the nature of the relationship between the person alleged to have caused harm, and the child?

ACTIONS

What has been done about the concern?

Who has been informed about the concern?
(please select)

Senior Safeguarding Manager

Safeguarding officer
(please name)

Relevant National Governing Body (NGB)

Police

Children's social services

Local authority designated officer (LADO)

Other, please state:

When were they notified?

What was the name of the person you spoke to?

What did they say?

What other actions have been taken?

OTHER KEY INFORMATION

- If your concern relates to a sexual assault that has taken place within the last 7 days, in addition to completing this form, you must notify the Senior Safeguarding Manager and the Police at the time you are advised.
- If your concern relates to the immediate welfare of a child please contact the Police or local children's services for the area.
- If your concern relates to the immediate welfare of an adult at risk contact the Police or Local adult social care team for the area.
- For all allegations relating to adults who work with children please contact the local authority designated officer (LADO) for the area.
- The Police non-emergency number is: 101
- The Police emergency number is: 999