



*England Hockey's Safeguarding and Protecting Young People Policy*

**SAFEGUARDING REFERRAL FORM**

**Your club/organisation's name**

----------

**Your details**

First name:	Surname:	Position in club/organisation:

Home address:    
POST CODE:  

Daytime phone number:	Evening phone number:	Email address:

**Young person's details**

First name:	Surname:	Parent/legal guardian's name:

Date of birth:	Male or female:

Home address:    
POST CODE:  

**England Hockey's Safeguarding and Protecting Young People Policy**

Does the young person have a disability? If so, please give details:

	TICK		TICK
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	

**Details of the accused/adult whose behaviour you have concerns about**

First name:	Surname:	Position in sport (e.g. coach, official)

Home address:
POST CODE:

Phone number:	Date of birth:

**Are you reporting your concerns or passing on those of somebody else? (please give details)**

--

*England Hockey's Safeguarding and Protecting Young People Policy*

---

**Please give a brief description of what has prompted these concerns**

Please 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

**What is the relationship between the young person and the accused?**

**Action taken so far**

Please continue of a separate sheet if necessary

**England Hockey's Safeguarding and Protecting Young People Policy**

**External agencies contacted so far**

Organisation	Y/N	If yes, which?	Name & Number	Date & Time	Details of advice rec'd
England Hockey					
Police					
Children's Social Care Dept (Social Services)					
Other (e.g. NSPCC)					

Signed:		Print Name:	
Date:			

**Remember to maintain confidentiality on a need to know basis. Only disclose information 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