

4.13 BSAC Child Safeguarding Referral Form

Club: _____

Date: _____

Details of the Child Concerned _____

Name: _____

Age: _____

Male/Female*

Date of Birth: _____

Ethnic Origin: _____

Disability Yes/No*

*If Yes Brief Details of Disability

Parent/Carer _____

Parent/Carer Address _____

Phone Number(s) _____

Details of Referrer

Name _____ Position in BSAC _____

Club (if not as above) _____

Address _____

Email _____ Phone number(s) _____

Details of the person about whom the concern is raised

Name _____ Position in BSAC _____

Club (if not as above) _____

Address _____

Email _____ Phone number(s) _____

Details of the incident/concern

Date of incident/concern _____ Place of incident _____

Did you or another person observe the incident Yes/No*

*If yes, Name of person who observed the incident _____

Position in BSAC _____

Contact details _____

Details of the concern/incident- Continue on a separate sheet if necessary

Childs account of what took place - Continue on a separate sheet if necessary

What action has been taken?

Police contacted Yes/No*

Name of Police Officer _____

Contact details: _____

Children's Social Care contacted Yes/No* Name of CSC Officer _____

Job title _____

Contact details: _____

Medical assistance Yes/No* If yes details: _____

Parents informed Yes/No

Details of action taken – continue on separate sheet if necessary

Signed _____ Date _____