



WITNEY HOCKEY CLUB

[www.witneyhockeyclub.co.uk](http://www.witneyhockeyclub.co.uk)

## SAFEGUARDING REFERRAL FORM

THIS FORM SHOULD BE RETURNED TO: (Please mark your envelope CONFIDENTIAL), Beth Noton, WHC Child Welfare Officer, 29 Pigeon House Lane, Freeland, OX29 8AG.

### 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:		

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

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### 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)**

**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

**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.**