**Safeguarding Referral Form**

**Details of person completing this form**

|  |  |
| --- | --- |
| Name | |
| Email | Tel number |
| Role of person completing this form | Date and time form is completed: |

**Details of person you are concerned about:**

|  |  |
| --- | --- |
| Name: | Address: |
| Contact number: | Email |
| Age | Any further information that may be useful to consider: |

**Parents/carers details if the person you are concerned about is under 18:**

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| --- | --- |
| Name: | |
| Relationship to the person you are concerned about | |
| Address: | |
| Contact number: | Email address: |
| Have parents/carers been notified of the incident?   Yes / No | If yes, please provide details: |
| If adult has capacity has consent been obtained?   Yes/ No | If no, please provide details |

**Details of source of original disclosure:**

|  |  |  |
| --- | --- | --- |
| Are you reporting your own concerns or responding to concerns raised by someone else? | Reporting my own concerns |  |
| Responding to someone else’s concerns |  |
| If responding to someone else’s concerns, please provide their details below: | | |
| Name: | | |
| Relationship to the person you are concerned about: | | |
| Email address: | | |
| Contact number: | | |

**Incident Details:**

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| --- | --- | --- |
| Date/ Time: | | Group name (if applicable): |
| Location of incident: | | |
| Description of the incident or concern: (continue on a separate sheet if necessary & include reference number):  *(Include relevant information such as what happened and how it happened, description of any injuries sustained, and behaviour witnessed. Be clear if you are describing things that you have seen, or things that others have reported to you. )* | | |
| Details of any previous concerns, incidents, or relevant concerns: | | |
| The person you are concerned about’ s account of the incident or concern (if applicable)  *(use their own words)* | | |
| **Details of any witnesses:** | | |
| Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)* | Relationship individual of concern: | Contact details: |
| Witness account of incident or concern:*(include further accounts on separate sheets as necessary. Include reference number on each accompanying account)* | | |
| **Details of the persons whose behaviour you are concerned about:** | | |
| Name(s): | Relationship to person impacted: | Contact details: |
| **Outcome:** | | |
|  | | |
| Any resulting change of plans or disruption to the programme, if applicable: | | |

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| Signed : | Name: | Date: |

The personal information provided on this form will be used for the purposes of recording and managing a safeguarding concern. The information will be retained in accordance with the organisations data protection or privacy policy, and may be shared with third party organisations including the RYA, police, and local authorities when it is appropriate to do so. The lawful basis for processing this information shall be legitimate interest.

**Reporting to the Welfare Officer section:** *(to be completed by Welfare Officer)*

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| --- | --- | --- | --- |
| Date & time WO notified of incident/concern: | | | |
| Date & time this form passed on to WO (if different from above): | | | |
| Organisational reference number if applicable | | | |
| WO comments: *(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required):* | | | |
| **External advice sought? From?** | | | |
| **External agency reports made :**(tick box where relevant) | | | |
| Social services notified.    Date & time of referral:      Name of contact person:      Contact number / email: | Police  Agreed action or advice given: | LADO notified.    Date & time of referral:      Name of contact person:      Contact number / email:      Agreed action | RYA    Date:      Date & time of referral:      Name of contact person:      Contact number / email:      Agreed action or advice given: |

|  |  |  |
| --- | --- | --- |
| Signed By CWO: | Name: | Date: |

**\*CWO – Club Welfare Officer**

**\*LADO – Local Authority Designated Officer**

For completion by person within the organisation who has designated safeguarding responsibility

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| --- | --- | --- |
| Follow-up action required: | | |
| Action: | Due date: | Whom responsible: |
| Storage – in line with Safeguarding Policy Confidentiality & data storage |  |  |
| Sharing of information |  |  |
| Refer to case management guidance |  |  |
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