

Newcastle Vikings Safeguarding / Child Protection Incident Referral Form:

Personal Details

First Name	<input type="text"/>	Surname	<input type="text"/>
Position/Role	<input type="text"/>	Contact No	<input type="text"/>

Childs Details

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	Child's Age	<input type="text"/>

Child's Address	<input type="text"/>	Parent address (if Different)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		Home Tel Number:

Child's sex

Disability (if relevant)



For more information contact:
info@newcastlehandball.co.uk
www.newcastlehandball.co.uk

Ethnicity	
Time and Date of incident / disclosure	
Nature of incident / disclosure	
Are you reporting your own concern or that of another party?	
If another party please state their position	
Report the facts as you observed them (including visible injuries / behaviours)	
Report the account of the person making the allegation / disclosure (using their words where possible) making clear distinction between fact and opinion / hearsay	



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Summarise the child's account of the incident(s) if available

Detail any Witness to the incidents with names and contact details

Detail any actions taken, including anyone else who has been consulted, with names, contact details and advice received

Have the child's parents been contacted (yes/no)



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If YES, what has been said?

Please detail any further information you may think is relevant

Reporters Signature:

Name:

Date:

Once completed, the original of this form should be sent to Newcastle Vikings Welfare Officer as appropriate, within 24 hours

By email: mattdlamb@gmail.com

Remember to maintain confidentiality on a "need to know" basis - Only share information if doing so will protect the child



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