|  |
| --- |
| Newcastle Vikings Safeguarding / Child ProtectionIncident Referral Form: |
|
| **Personal Details** |
|  |
| First Name |  | Surname |  |
|  |
| Position/Role |  | Contact No |  |
|  |
| **Childs Details** |
|  |
| First Name |  | Surname |  |
|  |
| Date of Birth |  | Child’s Age |  |
|  |
| Child’s Address |  | Parent address *(if Different)* |  |
|  |  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Home Tel Number: |
|  |
| Child’s sex |  |  |
|  |
| Disability *(if relevant)* |  |
| 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 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 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) |  |
|  |
| 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 hoursBy email: mattdlamb@gmail.comRemember to maintain confidentiality on a "need to know" basis - Only share information if doing so will protect the child |