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| Newcastle Vikings Safeguarding / Child Protection Incident 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)* |  | |
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|  | | | | | | Home Tel Number: | |
|  | | | | | | | | | |
| Child’s sex | | |  | | |  | | | |
|  | | | | | | | | | |
| Disability *(if relevant)* | |  | | | | | | | |
| Ethnicity | |  | | | | | | | |
| Time and Date of incident / disclosure | | | | |  | | | | |
|  | | | | | | | | | |
| Nature of incident / disclosure | | | | | | |  | | |
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| Are you reporting your own concern or that of another party? | | | | | | | | | |
|  | | | | | | | | | |
| If another party please state their position | | | | | | |  | | |
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| Report the facts as you observed them (including visible injuries / behaviours) | | | | | | | | | |
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| 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 | | | | | | | | | |
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| Detail any Witness to the incidents with names and contact details | | | | | | | | | |
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| Detail any actions taken, including anyone else who has been consulted, with names, contact details and advice | | | | | | | | | |
| received | | | | | | | | | |
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| Have the child’s parents been contacted (yes/no) | | | | | | |  | | |
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| If YES, what has been said? | | | | | | | | | |
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| Please detail any further information you may think is relevant | | | | | | | | | |
| Reporters Signature: | | | | | | | | | |
| Name: | | | | | | | | | |
| Date: | | | | | | | | | |
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| 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 | | | | | | | | | |