

Safeguarding Referral Form



Lichfield Hockey Club

Your details

First name:	Surname:	Position in club/organization:

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:

THIS FORM SHOULD BE RETURNED TO: (Please mark your envelope CONFIDENTIAL), England Hockey Child Welfare Officer, England Hockey, Bisham Abbey NSC, Marlow, SL7 1RR

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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)

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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

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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 on a separate sheet if necessary

External agencies contacted so far

Organization	Y/N	Name & Number	Date & Time	Advice received
England Hockey		Alison Hogg: 01628 897500 alison.hogg@englandhockey.co.uk		
Police		999 or 101 03001232345		
LADO/Social Care		08001313126 08456042886		
NSPCC		08088005000		
Childline		08001111		
Child Exploitation and Online Protection		08700003344		

Signed:		Print Name:	
Date:			

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