Affiliated Football Referral Form

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County FA(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s details** *(This is the person you are referring to The FA)* | | | | | | | | | | |
| Participant name |  | | | Relationship to victim/s | | | |  | | |
| Address  Postcode |  | | | Tel Number | | | |  | | |
|  | | | Email | | | |  | | |
|  | | | Role in football *(Is the post paid?)* | | | |  | | |
|  | | | Club or organisation | | | |  | | |
| Date of Birth |  | | | FAN | | | |  | | |
| Gender |  | | | Ethnicity | | | |  | | |
| Date of CRC |  | | | Date of SCW | | | |  | | |
| Other roles with children? |  | | | Employment *(if known)* | | | |  | | |
| **Referrer’s details** *(Please enter your details)* | | | | | | | | | | |
| Name of referrer |  | | | FAN number *(if relevant)* | | | |  | | |
| Address  *Postcode* |  | | | Role / Organisation | | | |  | | |
|  | | | Tel Number | | | |  | | |
|  | | | Email | | | |  | | |
|  | | | Relationship to participant | | | |  | | |
| **Child or Vulnerable Adult’s details** *(The child/ren or vulnerable adult/s who are at risk of harm)* | | | | | | | | | | |
| Details of alleged victim/s (age)  *e.g. Joe Bloggs (12 years), Wembley FC U13 girls team*  *(Please include name, age, club, parent’s details an any other relevant info)* |  | | | FAN *(if relevant)* | | | |  | | |
| Gender | | | |  | | |
| Ethnicity | | | |  | | |
| Parent/carer name | | | |  | | |
| Contact details *(telephone number, email, etc)* | | | |  | | |
| County FA | | | |  | | |
| **Professional network** *(Please provide name, contact number and email. Kindly provide the advice received and contact date with agency)* | | | | | | | | | | |
| LADO *(Name, telephone number and email address)* |  | | | | | | | | | |
| Social Services |  | | | | | | | | | |
| Police |  | | | | | | | | | |
| Other *(e.g. NSPCC, Club Designated Safeguarding Officer, etc)* |  | | | | | | | | | |
| **Details of concerns** | | | | | | | | | | |
| Type of abuse *(Please tick as appropriate)* | Sexual abuse | Emotional abuse | | | Physical abuse | Neglect | | | Bullying | |
| Other (*Please specify)*: | | | | | | | | | |
| Incident/s details  *Please summarise the incident, including details of any other relevant parties.*  *Clearly identify a list of your safeguarding concern/s providing dates of incident/incidents & date information received*  *Who gave the information and what role does the referrer hold?* |  | | | | | | | | | |
| Is this information discloseable to the participant being referred? *(If not please confirm whether any of the info is discloseable as well as what steps have been taken to confirm this)* |  | | | | | | | | | |
| Is a strategy meeting being organised? If so, where and when? |  | | | | | | | | | |
| Do you think this referral relates to: | High level Poor practice | | Possible or actual risk of harm to children | | | | For information only | | | Not sure |
| Action taken & Outstanding Actions  *Please specify if you referred to a statutory agency, the County FA, the Club Designated Safeguarding Officer or any other action taken related to your concerns (including action taken by the Club).* |  | | | | | | | | | |
| Previous concerns  *Please provide details on any previous concerns the CFA & the club has on record.*  *This should include any previous disciplinary matters,* |  | | | | | | | | | |
| **Other relevant information** | | | | | | | | | | |
| Further information  *Please include any information that you think is relevant to our investigation*  *Can the FA contact the victim or their parent/s directly?* |  | | | | | | | | | |

|  |  |
| --- | --- |
| **For FA use only**  **Date received by FA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Case Accepted: Yes / No** |