Affiliated Football Referral Form

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

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| **Participant’s details** *(This is the person you are referring to The FA)* |
| Participant name |  | Relationship to victim/s |  |
| AddressPostcode |  | 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?* |  |

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