



**Incident Referral Form**

Your name:

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Your position (e.g. parent, coach, volunteer):

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Your contact details (e.g. telephone, email address):

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**If the concern or allegation relates to behaviour/actions towards a Child, Young Person or Ault at Risk please complete the following details:**

Your knowledge of and relationship to the Child, Young Person or Ault at Risk:

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Name of Child or Young Person:

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Address if known:

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Date of birth of Child or Young Person:

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**If the concern or allegation relates to the behaviour/actions of a Coach/Official/Volunteer/Other (please delete) please complete the following details:**

Your knowledge of and relationship to the **Coach/Official/Volunteer/Other (please delete)**:

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Name of Coach/Official/Volunteer/Other (please delete):

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Address if known:

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Date(s), time(s) and location(s) of the incident(s):

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Nature of the concern or allegation:

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Observations made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's emotional state, behaviour/actions towards a Child or Young Person etc):

*Note: Make a clear distinction between what is fact, opinion or hearsay)*

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Exactly what the Child or Young Person said and what you said (Remember, do not lead the Child or Young Person – record actual details. Continue on separate sheet if necessary).

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**Actions taken so far:**

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**External agencies contacted (date/ time and contact):**

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**Police:** YES/NO If Yes, where:

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Name and contact number:

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Details of advice received:

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**Social Services:** YES/NO If Yes, where:

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Name and contact number:

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Details of advice received:

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**England Squash:** YES/NO If Yes, where:

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Name and contact number:

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Details of advice received:

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**Local Authority:** YES/NO If Yes, where:

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Name and contact number:

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Details of advice received:

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**Other** (e.g. NSPCC, childline) Which:

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Name and contact number:

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Details of advice given:

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Print Name:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If the incident has been reported to Social Services, a copy of this form must be sent to Social Services within 24 hours of the telephone report.

Remember, to maintain confidentiality on a need to know basis and only share it if it will protect the child or young person. Do not discuss this incident with anyone other than those who need to know.

Please complete and return a copy of this form to [safesquash@englandsquash.com](mailto:safesquash@englandsquash.com)

This Referral Form is to be completed by the Welfare Officer responsible for children and young people within a squash club or organisation as, when and if incidents occur.

This form identifies the essential information that needs to be recorded if an incident occurs (i.e. there is a disclosure from a young player or an allegation is made) and should be kept by the designated person. On receiving an allegation or disclosure, the designated person should complete the form with the key witnesses involved.

Hampshire Squash will hold definitive records in a safe and secure place. This will enable Hampshire Squash to monitor incidents and develop best practice in the handling of incidents.