



Incident Referral Form

Your name: _____

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

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

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

Your knowledge of & relationship to the Child, Young Person or Adult at Risk:

Name of Child or Young Person: _____

Address if known: _____

Date of birth of Child or Young Person: _____

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 & relationship to the Coach/Official/Volunteer/Other:

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

Address if known: _____

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

Nature of the concern or allegation:

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)*

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 needed*

Actions taken so far: _____

External agencies contacted (date/ time and contact):

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

Name and contact number: _____

Details of advice received: _____

Social Services: YES/NO **If Yes, when:** _____

Name and contact number: _____

Details of advice received: _____

England Squash: YES/NO **If Yes, when:** _____

Name and contact number: _____

Details of advice received: _____

Local Authority: YES/NO **If Yes, when:** _____

Name and contact number: _____

Details of advice received: _____

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

Name and contact number: _____

Details of advice received: _____

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 chrisogden@inspire-squash.co.uk

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.

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

England Squash will do the same if this needs to be escalated to England Squash.

Print Name: _____ **Date:** _____

Signed: _____