

Safeguarding Referral Form for People in a Position of Trust

This referral form must be completed and e-mailed to safeguarding@gbskateartistic.co.uk within 24 hours if it is alleged that a person who works with children or vulnerable adults has:

- Behaved in a way that has harmed or may have harmed a child or vulnerable adult
- Possibly committed a criminal offence against or related to a child or vulnerable adult
- Behaved towards a child/children/vulnerable adult in a way that indicates they may pose a risk of harm to children or vulnerable adult
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children or a vulnerable adult

If there are immediate safeguarding concerns in relation to a child, you will need to call 999 and then complete this form for the GBSA Safeguarding Team

Remember – Safeguarding is everyone’s responsibility

Date/Time of incident:

Date Referrer notified of incident:

Information about Person being referred:

Name:

Club/Academy:

Position held at Club/Academy:

Date of Birth:

Ethnicity:

Home Address including post code:

Is the referred person aware that you have referred? Yes / No

Does the person being referred have children of their own? Yes / No
(If yes, complete details below)

	Child One	Child Two	Child Three
Name of child:			
Date of birth:			
Home address:			

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Referrers details:

Name:

Position held at Club/Academy:

Club Name

Address:

Telephone Number:

Referrers Email:

Details of the Club/Academy Safeguarding Lead (if different from above)

Name:

Contact Number:

Email:

Details of the child/children involved in the allegation:

	Child One	Child Two	Child Three
Name:			
Date of birth:			
Ethnicity:			
Home address:			
Have the child's parents/carers been informed?			

Details of the incident and resulting allegation/concern being raised:

Any injury to victim, date, time and place of incident if known and views of the child where known

What actions have been taken to date, if any?

Have there been previous concerns in relation to person being referred?

THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS FORM.

Please do not discuss the information contained in this form with any other person, other than the designated Safeguarding Lead for the Club/Academy (unless that person is involved in the allegation) or the GBSA Safeguarding Team.

FOR GBSA USE ONLY

Date/Time GB Skate Artistic Safeguarding Team notified of incident:

Date of Referral to LADO if applicable (children only):