

## Safeguarding Referral Form for People in a Position of Trust

This referral form must be completed and e-mailed to [safeguarding@fars.co.uk](mailto:safeguarding@fars.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:			

**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?			
<b><u>Details of the incident and resulting allegation/concern being raised:</u></b> <i>Any injury to victim, date, time and place of incident if known and views of the child where known</i>			
<b><u>What actions have been taken to date, if any?</u></b>			
<b><u>Have there been previous concerns in relation to person being referred?</u></b>			

**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 FARS Safeguarding Team notified of incident:**

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

