Stevenage Swimming Club In accordance with Swim England Child Safeguarding Referral Form

Details of referrer

Name:	(click here to enter text)
SE Membership number:	
Name of club/organisation:	(click here to enter text)
Position in organisation:	(click here to enter text)
Address:	(click here to enter text)
Phone number(s):	(click here to enter text)
Email:	(click here to enter text)

Details of child/victim concerned

Name:	(click here to enter text)			
SE Membership number:				
Age:	(click here to enter text)			
Date of birth:	(click here to enter text)			
Gender:	(click here to enter text)			
Ethnic origin:	(click here to enter text)			
Disability / Special needs:	☐	Yes	☐	No
If yes, give details: (click here to enter text)				
Parent(s)/Guardian(s) name:	(click here to enter text)			
Address:	(click here to enter text)			
Phone number(s):	(click here to enter text)			
Email:	(click here to enter text)			

Details of individual whom the allegation is made against

Name:	(click here to enter text)
SE Membership number:	
Position in organisation:	(click here to enter text)
Age (if known):	(click here to enter text)
Date of birth (if known):	(click here to enter text)
Address:	(click here to enter text)
Phone number(s):	(click here to enter text)
Email:	(click here to enter text)
If allegation made against a child	
Parent(s)/Guardian(s) name:	(click here to enter text)
Phone number(s):	(click here to enter text)

The incident/concern

Date of incident:	(click here to enter text)			
Place of incident:	(click here to enter text)			
Did you observe the incident / concern:	☐	Yes	☐	No
If no, give details of individual who did				
Name:	(click here to enter text)			
Position in organisation:	(click here to enter text)			
Contact details:	(click here to enter text)			

Details of concern (include as many details as possible including time it happened, place, if any injuries were sustained, treatment required).
(click here to enter text)

Child's account of what happened (please state what the child actually said or indicate if not their exact words).
(click here to enter text)

Action taken

Police informed:	☐	Yes	☐	No
If yes please give details				
Name of Police Officer dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			
Crime Reference number:	(click here to enter text)			

Children's Services informed:	☐	Yes	☐	No
If yes please give details				
Name of Social Worker dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			

Local Authority Designated Officer (LADO) informed:	☐	Yes	☐	No
If yes please give details				
Location of LADO:	(click here to enter text)			
Name of LADO dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			

Medical assistance required:	☐	Yes	☐	No
If yes please give details: (click here to enter text)				

Parents informed:
☐ Yes
☐ No

Details of action taken (or attach report sheet separately):
(click here to enter text)

Signed	(click here to enter text)	Date	(click here to enter text)

Once completed please send the referral form to the National Safeguarding Team at safeguarding@swimming.org