

Incident Referral Form

Your name: _____

Your position: _____

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

Your knowledge of and relationship to the Child or Young Person:

Name of Child or Young Person: _____

Address: _____

Date of birth of Child or Young Person: _____

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

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

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

Address:

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 necessary).

Actions taken so far: _____

External agencies contacted (date and time): _____

Police: YES/NO If Yes, where: _____

Name and contact number: _____

Details of advice received: _____

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

Name and contact number: _____

Details of advice received: _____

T&RA: YES/NO If Yes, where: _____

Name and contact number: _____

Details of advice received: _____

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

Name and contact number: _____

Details of advice received: _____

Other (e.g. NSPCC) Which: _____

Name and contact number: _____

Details of advice given: _____

Print Name: _____

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: the Club Chairman and, if necessary, the T&RA National Designated Officer, c/o The Queen's Club, Palliser Road, London W14 9EQ

This Referral Form is to be completed by the Child Protection Officer responsible for children and young people within a Tennis club 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.

T&RA will hold definitive records in a safe and secure place.