

Form A: Referral Form for Suspicions or Allegations of abuse of a Child or Vulnerable Adult.

This form must be completed as soon as possible after receiving information that causes suspicion or an allegation of the abuse of a child or vulnerable adult. This must be discussed with the Club Safeguarding Officer or District Safeguarding Officer and then with the appropriate agency as soon as possible after completion (see RIBI Safeguarding Guidance for details of 'appropriate agency'). Do not delay by attempting to obtain information to complete the details.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

Continue on a separate sheet of paper if required and attach securely to this form.

Details of person making this report:

Name:
Position:
Contact telephone number:

Details of child/vulnerable adult:

Name:
Date of birth:
Address:
Contact telephone number:
Names and address of parents/guardian/carers:

Details of person about whom there is concern:

Name:
Position:
Date of Birth:
Address:
Relationship to child/vulnerable adult:

Please continue overleaf

If you are reporting this alleged incident on behalf of someone else, please provide details of that person:

Name:
Position:
Address:
Contact telephone number:
Date this person advised you of alleged incident:
Record here the information you were given from this person about the alleged incident:

Details of alleged incident:

Date of alleged incident:
Time:
Place:
Name and addresses of witnesses:
Describe in detail what happened:
Describe in detail visible injuries / bruises and concerning behaviour of the child / vulnerable adult, if any (use diagrams if this helps you to describe):
Was the child / vulnerable adult asked what happened: YES / NO If YES, record exactly what the child said in their own words and any questions asked if the situation needed clarification:

Please continue overleaf

Details of action taken:

Detail what action, if any, has been taken following receipt of this information:

ONLY AFTER SEEKING ADVICE FROM THE POLICE / SOCIAL WORKER DEPARTMENT
were the child / vulnerable adults parents / carers contacted?

Details of external agencies contacted:

Police	Police Station contacted: Name and contact number: Advice received:
Social Work Department	Social Work Dept: Name and contact number: Advice received:
Other	Name of organisation: Name and contact number: Advice received:

Other information

Signature _____

Print name: _____

Date: _____

Where a referral has been made to the Police and Social Work Department a copy of this form must be sent to them as soon as possible.