Welsh Triathlon Child Welfare Concern Referral Form

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| Club: | Date: |

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| **Section 1: Details of child (you have concerns about)** |
| Name of child: | Date of Birth/Age: |
| Parent/Carers: |
| Address: |
|  | Postcode: |
| Contact Number: |

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| **Section 2: Details of the person completing this form/ Your details** |
| Name: | Club: |
| Position in Club: |
| Address: |
|  | Postcode: |
| Contact Number: |
| Email address |

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| **Section 3: Details of individual against whom the allegation is made** |
| Name: | Club: |
| Relationship/connection to child |
| Address: |
|  | Postcode: |
| Date of birth/age:  |
| Contact Number: |
| Do they have contact with other children in another capacity? E.g. in their work/family/as a volunteer |

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| **Section 4: Reason for Referral** |
| Date of Incident: | Location of Incident: |
| Witness Incident: Y / N |
| If you did not witness the incident details of who did: |
| Name: | Contact Number: |
| Position in Club: |
| Details of Concern; include as many details as possible including time and location of incident, any injuries sustained, treatment required etc. Continue on separate sheet if necessary. |
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| Person’s account of what happened; include what the person actually said, or indicated. Continue on separate sheet if necessary |
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| **Section 5: Action taken by the club** |
| Police Informed: Y/N | If yes, name of Police contact: |
| Contact Number/Email: |
| Children’s Social Care Services Informed: Y / N | Name of Social Worker: |
| Contact Number/Email: |
| Medical Assistance Required: Y / N | Details: |
| Parents/Carers Informed: Y / N |  |
| Details of action taken, continue on separate sheet if necessary: |
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| **Section 6: Other agencies contacted**  | **Who contacted/reference number/contact details/advice gained/action being taken** |
| Police |  |
| Ambulance |  |
| Other – please state what |

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| **Section 7: Action taken by Welsh Triathlon** |
| Police Informed: Y/ N | If yes, name of Police contact: |
| Contact Number/Email: |
| Children’s Social Care Services Informed: Y / N | Name of Social Worker: |
| Contact Number/Email: |
| Medical Assistance Required: Y / N | Details: |
| Parents/Carers Informed: Y/ N |  |
| Details of action taken, continue on separate sheet if necessary: |
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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_