**HIGHLY CONFIDENTIAL**



**CHILD PROTECTION REFERRAL FORM**

1. **Details of person making referral**

|  |  |
| --- | --- |
| Name of referrer |  |
| Date |  |
| Contact number |  |
| Club |  |
| Association |  |

1. **Details of person receiving referral**

|  |  |
| --- | --- |
| Name of receiver |  |
| Position |  |
| Full organisation address |  |
| Contact number |  |
| Date of referral |  |
| Time of referral |  |

Type of referral (circle as appropriate): [SEXUAL] [PHYSICAL] [NEGLECT] [OTHER]

1. **Details of child or young person (under 18 years of age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | | Surname |  | | |
| Date of birth |  | | Age |  | | Male / Female (circle) |
| First language |  | Ethnicity | | |  | |
| Current location of child and a contact number |  | Interpreter required? (Y/N) | | |  | |
| Name and address of parent/ guardian and a contact number |  | | | | | |
| School address and contact number |  | | | | | |
| GP name and address |  | | | | | |

**REASONS FOR REFERRAL** continue on spare sheet if necessary

**FULL NOTES OF DISCUSSIONS (FROM BOTH AGENCIES)** continue on spare sheet if necessary

**JOINTLY AGREED DECISIONS** continue on spare sheet if necessary

**REFERRER SIGNATURE**: **DATE**: