

HASTINGS RUNNERS

REFERRAL & INFORMATION FORM FOR YOUNG & VULNERABLE PERSON/S

Completed by..... Position.....

Referral for Direct Involvement; Consultation and Advice; Information Only

Case Name

(Accused person/club being referred)

Position Held.....

Relationship (to alleged victim)

Gender

Address

Phone no Date of Birth

Age (at time of incident) Ethnic background (if known)

Name of Alleged Victim/Young person concerned (if more than one, use Additional Information form)

Age (at time of incident)Date of Birth.....

Role/Position.....Any Disabilities.....

Gender Ethnic background (if known)

Contact name & address of parent/guardian

.....

Phone no

ARC Member club name & address

.....

Name and contact details of person who originated concern & contact details

Phone no.....

Relationship to alleged victim

Relationship to accused



Date received by ARC CPO.....

Summary of Incident/Poor Practice (please provide details where known): Location

Details of incident

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.....
.....
.....

Date of Incident.....Witnessed by.....

Witness name and contact details
.....
.....

Phone no



Action taken

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.....

External Agencies Contacted (please provide name, contact number, advice received and contact date):

Police

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Social Services

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Other (e.g. NSPCC)

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.....

Signed Date

Additional Information Regarding Other Alleged Victims or Young Persons Concerned

Case Name.....

Completed by Date

Name of Alleged Victim/ Young person concerned (if more than one, use additional form)

Age Date of birth

Role/Position Any Disabilities

Gender Ethnic Background

Contact name and address of parent/guardian.....

.....

Phone no

ARC Member club

Name of person who originated concern & contact details

.....

Phone no

Relationship to alleged victim relationship to accused

Name of Alleged Victim/ Young person concerned (if more than one, use Additional Information Form)

Age (at time of incident) Date of birth

Role/Position Any disabilities

Gender Ethnic background (if known)

Contact name and address of parent/guardian

.....
Phone no

ARC Member club

Name of person who originated concern and contact details

.....
Phone no

Relationship to alleged victim relationship to accused

Attachments included: YES/ NO

For Completion by the ARC Child Protection Officer

Case Name

Initial Action Recommended or Taken

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Time frames agreed/proposed

Additional comments

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Action Taken
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.....
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Prime Concern

Sexual Physical Emotional Neglect Bullying

Actual

Potential

Signed..... Date

Print Name.....